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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Internal	Revenue	Service	► The or	ganızatıon may have to	use a copy o	f this return to satisfy s	tate reporting	requirements	Inspection
A Fo	r the	2009 ca	lendar yea	r, or tax year beginning	01-01-2009	and ending 12-31-200	9	D Fundamentida	AiG antion number
_		pplicable	Please	C Name of organization THE AMERICAN IRELAND	FUND			D Employer Ider	ntification number
Add	tress ch	nange	use IRS label or	Doing Business As				25-1306992 E Telephone nui	
Nar	ne cha	inge	print or type. See	Jeing Bueinese / is				•	
Init	ial retu	ırn	Specific Instruc-			not delivered to street addre	ss) Room/suite	(617) 574-0 G Gross receipts \$	
Ter	mınate	ed	tions.	211 CONGRESS STREET	10TH FLOOR			G Gloss lecelpts \$	12,101,441
┌ Am	ended	return		City or town, state or cou BOSTON, MA 02110	ıntry, and ZIP +	4		1	
☐ App	olication	n pending		BOSTON, MA 02110					
				ne and address of princ	ıpal officer		H(a) Is th	■ ıs a group return	for
				N MCLOUGHLIN ONGRESS STREET			affilia	ates?	┌ Yes ┌ No
				ON, MA 02110			H(b) Are a	II affiliates include	d?
						_	1 ' '		(see instructions)
I Ta	x-exen	npt status	✓ 501(c)(3) ◄ (insert no)	947(a)(1) or	527	H(c) Grou	up exemption nur	nber 🟲
J W	ebsite	e: 🕨 WW	WIRLFUN	DS ORG					
K Forr	n of or	ganızatıon	✓ Corporat	tion Trust Association	Other 🕨		L Year of fo	rmation 1976 M	State of legal domicile PA
Pa	rt I	Sumr	nary				1	•	
	1	•		e organization's missio	_		_		
2		SUPPUI	RIEDUCA	TION/CHARITABLE P	RUGRAMSP	RIMARILY IN IRELANI	<u>, </u>		
Ē									
<u>.</u>									
Governance			•			operations or disposed			
	3 4		_	_		VI, line 1a) ig body (Part VI, line 1t			20
Ee≳	5			nployees (Part V , line 2			,,	. 5	21
Activities &	6			olunteers (estimate if ne	•			6	163
ã	7a			·	• •	, column (C), line 12		7a	90,000
	ь	Net unre	elated busi	iness taxable income fr	om Form 990	-T, line 34		7b	0
							Pric	or Year	Current Year
_	8	Contrib	outions and	d grants (Part VIII, line	e 1h)			6,799,812	10,721,110
ä	9	Progra	m service	revenue (Part VIII, line	e 2g)			0	0
Rayenue	10			, ,		and 7d)		63,071	-49,512
_	11		•	art VIII, column (A), lı				3,578,211	-1,712,492
	12			dd lines 8 through 11 (i	•	rt VIII, column (A), line	e	10,441,094	8,959,106
	13			ar amounts paid (Part I)				6,684,300	4,692,115
	14	Benefit	s paid to c	or for members (Part IX	, column (A),	line 4)		0	0
ø	15		s, other co	ompensation, employee	benefits (Par	t IX, column (A), lines 5	5-	2,829,799	2,959,990
Expenses	16a	10)	cional fund	Iraising fees (Part IX, c	olumn (A.) lin	o 11a)		39,850	61,500
Φ ⊕	ь			enses (Part IX, column (D),				33,030	01,500
IJ	17			enses (Part IX, column (D), (Part IX, column (A), lir	•			1,357,426	1,290,112
	18			Add lines 13–17 (must				10,911,375	9,003,717
	19		•	penses Subtract line 1	•			-470,281	-44,611
<u> </u>			·				_	g of Current	End of Year
Net Assets or Fund Balances							<u> </u>	rear	
Ass Ba	20			rt X, line 16)				13,899,072	14,988,488
전 전 전 전 전 전 전 전 전 전 전 전 전 (((((((21		•	Part X, line 26) Id balances Subtract lii				2,788,002	3,058,375
	22 1111	_	ature Blo		ne 21 from fin	e 20		11,111,070	11,930,113
I G		_			examined this ret	turn, including accompanying	schedules and s	tatements, and to th	e best of my knowledge
						r (other than officer) is base			
Sign	1	****	**				2010	-11-12	_
Here			iture of office	er			Date	-11-12	
		ANNE	MOONEY C	FO					
			or print nam						
		Preparer'					Check If	Preparer's identify	ring number
Paid		signature B					self- empolyed 🕨 🦵	(see instructions)	
	arer's		me (or your	s GRANT THORNTON LLP		l.	<u> </u>	ETN L	
Use (Only	ıf self-em address,	nployed), and ZIP + 4	226 CAUSEWAY STREE	Т			EIN Þ	
				BOSTON, MA 0211421	55			Phone no 🕨 (61	7) 723-7900
May t	he IR	S discus	s this retu	· · · · · · · · · · · · · · · · · · ·		ee instructions)			┌ Yes ┌ No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

SUPPORT EDUCATION/CHARITABLE PROGRAMS PRIMARILY IN IRELAND

2	Did the organization undertake any sig		vices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting	, or make significant	changes in how it cor	ducts, any program	
	services?				┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orga allocations to others, the total expens	nızatıons and sectior	n 4947(a)(1) trusts ai	e required to report the amo	•
4a	(Code) (Expenses \$	4,406,618	ıncludıng grants of \$	4,406,618) (Revenue \$)
	There were approximately 308 grants to 142 reconciliation, Arts and Culture, Community E Foreign grants				
	(Code) (Expenses \$	1,182,323	ıncludıng grants of \$) (Revenue \$)
	government The second publication was ent Diasporas Kingsley then made recommenda of other countries including India and Israel to with the Irish government's conference of the downloaded Both these initiatives, as well as the professionalization of charitable organizat much attention in Ireland at the Farmleigh GI State Hillary Clinton towards the end of 2009 a conference to share best practices and smaconference and involving governments, corpute promotion of philanthropy. He liaises on identify, connect with and make their case to Equally, when in Ireland he also meets with idevelopment program and works consistently development of materials that report on the organization's website, journals that detail grublications is to inform donors on the accoming in the staff that visit and assess projects in	tions on Diaspora outreach olook at global best practive Irish Diaspora in Farmleigs of other activities, are particions in Ireland and help of lobal Economic Conference, she subsequently annount ideas for engaging globorations, non-profits and a weekly basis with Irish rothem. He has also arranginonprofit groups and advisory with the Irish Governmen work of grant recipients. Cant recipient activities and applishments of beneficiarie	In for the Irish government ince and extensive desk resign. The report, which is a word The American Ireland Firganizations and individuals and from governments einced that the U.S. State Dividual Diaspora communities recademics. Kieran McLough conprofit organizations who ged a series of events enaises them on approaching Unit and the U.S. State Depa Communications include the a corporate brochure that is and to promote the same	to consider As part of the research earch examined other models. The ailable on The Ireland Funds' websund's OBJECTIVE to provide technics connect with the Irish Diaspora. Ilsewhere and, following a meeting epartment, with the help of The At Kingsley Alkins has been engaged lin is responsible for implementing travel to the U.S. seeking advice oling leading Irish charities to have I.S. and Irish donors. He is involventment. Other resources attributing e organization's a bi-annual magazis used to solicit support for grant work to potential donors. Progrand	n, visits were made to a number export was produced to coincide site, has been extensively call and other services to assist in the Diaspora report attracted in Belfast with U.S. Secretary of merican Ireland Fund, would hold with developing materials for this the three year strategic plan and about prospective donors-how to a platform for their work dialso with the Fund's Diaspora to program services include the ine profiling grant recipients, the recipients. The objective of these
4c	(Code) (Expenses \$	285,497	ıncludıng grants of \$	285,497) (Revenue \$)
	Support activities such as providing an educa fundraising and Board development. The Irela 2009, they distributed the Philanthropy Toolk nonprofit organizations throughout Ireland. The Ireland and broad research to evaluate fur distributed to the sector in 2009. Additionally, needs and evaluate grants. These "affinity given regularly visit organizations throughout the coenhance and ensure ongoing effectiveness in	tion service to many of the and Funds in Dublin work of the over 150 organization hey also collaborated on the draising activities in other, as part of ongoing reseau roups" meet in the areas country and evaluate their process.	with approximately 6 - 10 ns and hosted a seminar o wo key pieces of research countries that could be derich, they collaborate with a of disadvantaged youth, m progress in developing and	e funding from The American Irela organizations per month to provide in fundraising for 200 CEO's, Board in this sector baseline research to veloped in Ireland Both pieces of a number of other foundations to sental health, and peace and recon	e this educational service. In Directors and fundraisers from measure the level of fundraising research were published and hare research, identify emerging ciliation programs. Finally, they
	Other program services (Describe ii	n Schedule O N See al	so Additional Data fo	r Description	
	(Expenses \$ 383,348	including grants of) (Revenue \$)
4e	Total program service expenses►\$	6,257,786			

Dart TV	Checklist o	f Deguired	Schadulae
	CHECKHSLU	ı Keuuneu	Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 📆	8	Yes	
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		No
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	Yes	
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 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 in Part X, line 15 that is 5% or more of its total assets 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II	15	Yes	
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 U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III	16		No
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	Yes	
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	Yes	
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	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		N o
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 owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		Νο
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		No
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		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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, Part VI	37		N o
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	38	Yes	
		F	orm 99 0	(2009)

rt V Statements Regarding Other IRS Filings and Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		163	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ►EI See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		
5a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	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 benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	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?	_		
n		8		No
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	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			

BOSTON, MA 02110 (617) 574-0720

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	2	Yes	
3	other officer, director, trustee, or key employee?		163	
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was	3		N o
5	filed? Did the organization become aware during the year of a material diversion of the organization's assets?	4 5	Yes	 N o
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
-	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
Ne	venue coue.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	res	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe in Schedule O how this is done	12c 13	Yes Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by	14	163	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
D	Other officers or key employees of the organization	15b		N o
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DC, F ME, MD, MA, MI, MN, MS, NH, NJ, I OH, OK, OR, PA, RI, SC, TN, VA, W	VM,N	Y,NC,	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the ANNE M MOONEY CFO 211 CONGRESS STREET	ie orga	nızatıor	►

Part VIII 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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- 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, or 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 did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	m 990 (2009)				Page 8
1b	Total	1,500,848	0		418,150
2	Total number of individuals (including but not limited to those listed above) who rece \$100,000 in reportable compensation from the organization►5	ived more than	•		
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or high on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	· · ·	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other organization and related organizations greater than \$150,000? If "Yes," complete Schundividual	·	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person • • •	-	5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that \$100,000 of compensation from the organization	received more than			
	(A) Name and business address	(B) Description of services		(C Compe	
4701	AN O'NEILL COMPANY 1 SANGAMORE ROAD SUITE 212 ITH BETHESDA, MD 20816	EVENT PLANNER			131,036
1501	LA CAPONE COMPANY 1 BROADWAY SUITE 1808 7 YORK, NY 10036	DESIGN COORDINATOR			101,570
123	ert Events South Broadway Street Suite 203 ADELPHIA, PA 19109	Event Coordinator			192,692

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >3

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns	1a	29,201				
죨	ь	Membership dues .	1b					
≎೯	c	Fundraising events	1c	6,525,979				
£ E	d	Related organizations	s 1d					
<u>~</u>	e	Government grants (contr						
<u>۾ جي</u>	f	All other contributions, gift		4,165,930				
弄声	ļ •	sımılar amounts not ınclud	ed above					
草さ	g	Noncash contribution 1,527,57 lines 1a-1f \$	is included in 2					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1	f	▶	10,721,110			
<u> </u>				Business Code				
ΞE	2a			Dusiliess Code				
eve eve	ь							
<u>2</u> 25								
Š	C							
Š	d							
E S	e							
Program Serwce Revenue	f	All other program ser	vice revenue					
Δ	g	Total. Add lines 2a-2	2f		0			
	3	Investment income (ıncludıng dıvıdend	ds, interest				
		and other similar amo	ounts)	▶	148,892			148,892
	4	Income from investment of	of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	Ь	expenses						
	C	Rental income or (loss)						
	d	Net rental income or	(loss)					
			Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and	198,404					
		sales expenses						
	C	Gain or (loss)	-198,404		100 404			100 404
	d	Net gain or (loss) .			-198,404			-198,404
Φ	8a	Gross income from fu events (not including	- 1					
듀		\$6,525,979						
ě		of contributions repoi See Part IV, line 18						
Other Revenue		20	 a	1,222,346				
₽.	ь	Less direct expense	s b	2,998,186				
õ	С	Net income or (loss)	from fundraising e	events 🛌	-1,775,840			-1,775,840
	9a	Gross income from ga						
		See Part IV, line 19	 a	3F 47F				
	ь	Less direct expense	-	35,175 5,745				
	c	Net income or (loss)	L		29,430			29,430
	10a	Gross sales of invent						
		returns and allowance						
	 		a					
	Ь	Less cost of goods s	L	entory	0			
	С	Net income or (loss) Miscellaneous Reve	T	Business Code	0			
	11a		inue	Dusilless Code	33,918			33,918
	ь	OTHERINCOME			33,310			-5,510
	C	A II - +1						
	d	All other revenue .	L					
	e	Total. Add lines 11a-	-110		33,918			
	12	Total revenue. See Ir	nstructions	▶				
				-	8,959,106		90,000	-1,762,004

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 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 organizations in the U S See Part IV, line 21	1,140,939		3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	, ,		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,551,176	3,551,176		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,744,252	943,141	356,520	444,591
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	823,112	150,778	405,083	267,251
8	Pension plan contributions (include section 401(k) and section	·			
	403(b) employer contributions)	63,653	9,706	30,579	23,368
9	Other employee benefits	155,790	36,266	77,052	42,472
10	Payroll taxes	173,183	42,431	60,824	69,928
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	42,875		42,875	
c	Accounting	83,346	27,782	27,782	27,782
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	61,500			61,500
f	Investment management fees	52,582		52,582	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	262,629	87,543	107,543	67,543
14	Information technology	7,650	2,550	2,550	2,550
15	Royalties	0	,	,	
16	Occupancy	243,465	81,155	101,155	61,155
17	Travel	139,399	55,761	63,319	20,319
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	33,701	03,317	20,313
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,981	7,661	7,660	7,660
23	Insurance	14,831	4,943	4,944	4,944
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	11,031	1,313	1,511	1,511
а	PRINTING AND PUBLICATIONS	172,247	103,348	34,449	34,450
b		80,181		80,181	, 0
c	GRANT AND ADMIN SERVICES	130,000		130,000	
	OTHER EXPENSES	24,616	8,169	8,280	8,167
	ISA AND STATE REGISTRATION	13,310	4,437	4,438	4,435
f	All other expenses	13,310	1,137	1,133	1,133
25	Total functional expenses. Add lines 1 through 24f	9,003,717	6,257,786	1,597,816	1,148,115
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	9,003,717	0,237,780	1,397,010	1,140,113
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	5,746	1	5,746
	2	Savings and temporary cash investments	2,035,435	2	2,717,000
	3	Pledges and grants receivable, net	959,430	3	711,881
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key 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	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	178,900	9	134,026
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 296,073			
	ь	Less accumulated depreciation 10b 247,321	67,453	10c	48,752
	11	Investments—publicly traded securities	5,800,188	11	6,490,441
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,851,920	15	4,880,642
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,899,072	16	14,988,488
	17	Accounts payable and accrued expenses .	466,488	17	192,840
	18	Grants payable	1,495,876	18	1,769,520
	19	Deferred revenue	191,803	19	101,244
_	20	Tax-exempt bond liabilities		20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
==		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	633,835	25	994,771
	26	Total liabilities. Add lines 17 through 25	2,788,002	26	3,058,375
~		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
9		through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	8,192,324	27	9,159,898
Fund Balance	28	Temporarily restricted net assets	959,432	28	810,901
Ē	29	Permanently restricted net assets	1,959,314	29	1,959,314
æ		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
ō]	lines 30 through 34.		_	
St.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	44 444 070	32	14 000 440
Net	33	Total net assets or fund balances	11,111,070	33	11,930,113
	34	Total liabilities and net assets/fund balances	13,899,072	34	14,988,488

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

THE AMERICAN IRELAND FUND

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

25-1306992

Th

Par	tΙ	Reason for Pu	blic Charity State	us (All organizatio	ns must complete this p	oart.) See instru	uctions			
The o	rganı	zation is not a privat	e foundation because	ıtıs (Forlines 1 th	rough 11, check only one b	ox)				
1	Γ	A church, conventi	on of churches, or ass	sociation of churche:	section 170(b)(1)(A)(i).					
2	Γ	A school described	in section 170(b)(1)	(A)(ii). (Attach Sch	edule E)					
3	Γ	A hospital or a coo	perative hospital serv	ıce organization des	cribed in section 170(b)(1))(A)(iii).				
4	Γ	A medical research hospital's name, ci	•	d in conjunction with	n a hospital described in se d	ction 170(b)(1)(A)(iii). Ente	r the		
5	Г	- · · · · · · · · · · · · · · · · · · ·			rsity owned or operated by	a governmental ur	nıt describe	- ed in		
_	_		A)(iv). (Complete Pa			*****				
6	<u> </u>				scribed in section 170(b)(:					
7	 ~	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)								
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Γ	An organization tha	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross							
		receipts from activ	ities related to its exe	empt functions—sub	ect to certain exceptions, a	and (2) no more th	nan 331/3%	of		
		its support from gro	oss investment incom	e and unrelated bus	iness taxable income (less	section 511 tax)	from busine	esses		
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)								
10	Γ	An organization org	janized and operated	exclusively to test f	or public safety. See section	509(a)(4).				
11	Γ	one or more public	y supported organizat	tions described in se rting organization ar	enefit of, to perform the fun ection 509(a)(1) or section id complete lines 11e throu III - Functionally integrate	509(a)(2) See se gh 11h		a)(3).	Check	
e	Γ				ntrolled directly or indirect publicly supported organiza					
f g		check this box Since August 17, 2			IRS that it is a Type I, Typ gift or contribution from any		upporting o	rganız	ation,	
		following persons?	rectly or indirectly co	ntrole author along o	or together with persons des	cribed in (ii)		Yes	No	
			governing body of the	•	•	seribed iii (ii)	11g(i)	163	110	
		, , , ,	er of a person describe		nzution.		11g(ii)			
		• •	led entity of a person	* *	ı) ahoya?		11g(ii)			
h		• •	ng information about t	*, *,	•		119(111)			
		Flovide the following	ig imormation about t	ne supported organi.	Lation(3)					
	/:\		(iii) Type of	(iv) Is the	(v)	(vi)				

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

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

	(Complete only if yo	u checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support		Т		П		Т	
Car	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	23,378,526	14,992,076	12,693,008	6,799,812	10	,721,110	68,584,532
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	0
4	Total. Add lines 1 through 3	23,378,526	14,992,076	12,693,008	6,799,812	10	,721,110	68,584,532
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)							15,939,161
6	Public Support. Subtract line 5 from line 4							52,645,371
	ection B. Total Support							
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	beginning in) A mounts from line 4	23,378,526	74,918	12,693,008	6,799,812	10,721,110		68,584,532
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	137,931	74,918	302,551	293,278		148,892	957,570
9	Net income from unrelated business activities, whether or not the business is regularly carried on	12,000	0	0	0			12,000
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	9,894	40,858	73,155	51,200		33,919	209,026
11	Total support (Add lines 7 through 10)							69,763,128
12	Gross receipts from related activiti	es, etc (See insti	ructions)			12		4,774,958
13	First Five Years If the Form 990 is to check this box and stop here	for the organization	on's first, second,	third, fourth, or fi	fth tax year as a	501(c)(3	3) organız	zation, ▶
	ection C. Computation of Pub							
14	Public Support Percentage for 2009	(line 6 column (f) divided by line :	11 column (f))		14		75 463 %
15	Public Support Percentage for 2008	3 Schedule A, Par	t II, line 14			15		71 455 %
Ь	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization meeorganization	olifies as a publicle organization did n qualifies as a pu — 2009. If the orga tion meets the "fa	y supported orgai not check the box blicly supported o inization did not c icts and circumst	nization on line 13 or 16 organization heck a box on lin ances" test, chec	a, and line 15 is e 13, 16a, or 16l k this box and st	33 1/3% b and line t op here.	or more, 14 Explain	► ▽ check this ► ¯
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organizar supported organization Private Foundation If the organizat instructions	nization meets the tion meets the "fa	e "facts and circui acts and circumst	mstances" test, c ances" test The	heck this box an organization qua	d stop he lifies as a	e re. a publicly	•

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493316046210

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	AMERICAN IRELAND FUND			•			
_	Oussainstians Maintaining Dansu A	duised Funds on Other Cimilar F		1306992	- Cl-	L	C +l= =
r a	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9		unas	or Account	is. Comple	te II	tne
	organization anomored 100 to 1011113	(a) Donor advised funds		(b) Funds and	l other acco	unts	
	Total number at end of year	49					
	Aggregate contributions to (during year)	223,217					
	Aggregate grants from (during year)	-258,423					
	Aggregate value at end of year	3,082,105	;				
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		or advi	sed	✓ Yes	Г	No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				▽ Yes	Г	No
3	rt III Conservation Easements. Complete	of the organization answered "Yes" t	o Forn	n 990, Part I	IV, line 7.		
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	rion or pleasure) Preservation of an Preservation of a G	certıfıe	d historic stru		a	
	easement on the last day of the tax year			Held at th	e End of the	Yea	
3	Total number of conservation easements		2a	neid de en	ic Liid of the		
,	Total acreage restricted by conservation easement:	s	2b				
	·		2c				
Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06							
t		· · · · · · · · · · · · · · · · · · ·	2d				
	Number of conservation easements modified, transf the taxable year ▶	errea, releasea, extinguisnea, or terminate	ea by tr	ie organizatio	n auring		
	Number of states where property subject to conserv	ation easement is located 🛌					
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, ar	nd ┌ Yes	Γ	No
	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easem	nents d	urıng the year	-		
	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	s during	g the year 🟲 \$			
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		☐ Yes	Γ	No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial					
T	Complete if the organization answered	ons of Art, Historical Treasures,	or Ot	her Similaı	Assets.		
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	ch ın fu			e,	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	d for public exhibition, education or researd nancial statements that describes these it 5 116, to report in its revenue statement a public exhibition, education, or research i	ch in fu tems and bala	rtherance of p ance sheet wo	oublic servic orks of art,	e,	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAS historical treasures, or other similar assets held for	d for public exhibition, education or researd nancial statements that describes these it S 116, to report in its revenue statement a public exhibition, education, or research i s	ch in fu tems and bala	rtherance of p ance sheet wo	oublic servic orks of art,	e,	
))	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	d for public exhibition, education or researd nancial statements that describes these it S 116, to report in its revenue statement a public exhibition, education, or research i s	ch in fu tems and bala	rtherance of pance sheet wo erance of publ	oublic servic orks of art,		100

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easur	res, or C	the	<u>r Similar</u>	· Asse	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are	a significa	ant us	se of its co	llection		
а	Public exhibition		d	굣	Loan o	rexch	ange prog	ams				
b	Scholarly research		e	Γ	Other							
c	✓ Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w they	further	the or	rganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ,	res (▽ No
Par	TELL TELL TELL TELL TELL TELL TELL TELL						answere	d "Y	es" to For	m 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributi	ions oi	rotherass	ets r	not	┌	' es	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	ble		Г	1		A mou	nt	
С	Beginning balance							1c				
d	Additions during the year						F	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part V Juni	2712				L				/ec	
	-		2 2 1 ,							, ,	i es	1 140
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complete		1 and	word	d "Voc	" to E	orm 990	Dar	t TV/ line	10		
F G	Endowment I unus. Complete	(a)Current Year		Prior					Three Years		Four Y	ears Back
1a	Beginning of year balance	2,704,447		3	,435,501							
b	Contributions				140,000							
c	Investment earnings or losses	536,184			-832,411							
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses	34,936			38,643							
g	End of year balance	3,205,695		2	,704,447							
2	Provide the estimated percentage of the yea	r end balance held a	as					_				
а	Board designated or quasi-endowment 🕨	0390% %										
ь	Permanent endowment ► 0 610 % %											
c	Term endowment ► 0 % %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and ac	dministere	d for	the			
	organization by								i		Yes	No
	(i) unrelated organizations							•		3a(i)		No
	(ii) related organizations									3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•		3b		<u> </u>
4	Describe in Part XIV the intended uses of th							4.0				
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S						T			
	Description of investment) Cost or sis (invest		(b)Cost or basis (oth		(c) Accum deprecia		(d) B	ook value
1a	Land		•									
b	Buildings		•									
c	Leasehold improvements											
d	Equipment					0	29	6,073		247,321		48,752
e	Other	<u> </u>										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)), line	10(c).)				▶			48,752
									Sched	ule D (F	orm 9	90) 2009

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-o	-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	e Form 990, Part X, line		d . £ l
(a) Description of investment type	(b) Book value		d of valuation -year market value
		Cost of elia-o	, car market value
	 		
Total (Column (h) should equal Form 990 Part Y col (R) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip ART COLLECTION	ne 15.		4,315,000
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE	ne 15.		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE OTHER ASSETS	ne 15.		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. ption		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE OTHER ASSETS	ne 15. ption		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. otion		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, IIII (a) Descrip ART COLLECTION CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	ne 15. otion 2.5.)		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount 0		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 2.5.)		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount 0		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount 0		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount 0		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount 0		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount 0		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ART COLLECTION CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immunity (a) Description (b) CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821
Part IX Other Assets. See Form 990, Part X, Immater Collection CSV LIFE INSURANCE OTHER ASSETS Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	ne 15. otion 5.) c, line 25. (b) A mount		4,315,000 540,821 24,821

Pari	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,959,106
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,003,717
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-44,611
4	Net unrealized gains (losses) on investments	4	891,899
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-28,245
9	Total adjustments (net) Add lines 4 - 8	9	863,654
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	819,043
Part		er Re	<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	9,770,178
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	863,654
3	Subtract line 2e from line 1	3	8,906,524
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 52,582		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	52,582
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,959,106
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial	1	8,951,135
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	8,951,135
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		, , , , , , , , , , , , , , , , , , , ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 52,582		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	52,582
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,003,717
Par	XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanat ion
Part III Line 4	Organizations Maintaining Collections of Art and Historical Treasures	
Part V Line 4	Intended Uses of the Organization's Endowment Funds	
Part XI Line 8	Other	Gain/Loss on foreign exchange translation
Part XII Line 2d	Other	Gain/Loss on foreign exchange translation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493316046210

OMB No 1545-0047

2009

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Inspection

Vame	of the	orga	nızatıon	
THE A	MERT	CAN	TRELAND	FUNI

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Totals.

Employer identification number

THE	AMERICAN IRELAND FU	IND								
	MIERICAN INCEMED TO					25-1306992	2			
Pa	rt I General Infor "Yes" to Form 9			de the United States	. Complete	e if the organ	nization answered			
1	For grantmakers. Doe assistance, the grante	es the organiza ees' eligibility fo	tion maintain r or the grants or	ecords to substantiate states assistance, and the se	lection crite	rıa used to a	ward			
2										
3	Activites per Region (Us	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, secific type of s) in region	(f) Total expenditures for region			
	pe (Including Iceland and enland)	1	1	Program Services	PHILANTHE	ROPY	798,108			
Euro	pe (Including Iceland and enland)			Grantmakıng			3,556,076			

4,354,184

L (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
See Add'l Data								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Info	ormation o provide the information require	d in Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Part I, Line 2	Procedures for Monitoring Foreign Grants	We monitor the grant recipients in a number of ways visits to the grantees to observe the organizations' programs, interviews with grantees for publications, submission of financial statement reporting on how money was spent and general communication with the grantees by executives and other employees

Software ID: Software Version:

EIN: 25-1306992

Name: THE AMERICAN IRELAND FUND

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Europe/Iceland/Greenland	Community Development	41,300	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	7,500	CHECK			
		Europe/Iceland/Greenland	Community Development	52,500	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	225,000	EFT OR WIRE			
		Europe/Iceland/Greenland	ARTS AND CULTURE	10,000	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	11,000	EFT OR WIRE			
		Europe/Iceland/Greenland	ARTS AND CULTURE and community development	800,462	EFT OR WIRE			
		Europe/Iceland/Greenland	ARTS AND CULTURE	125,000	EFT OR WIRE			
		Europe/Iceland/Greenland		31,725	СНЕСК			
		Europe/Iceland/Greenland	Community Development	7,000	EFT OR WIRE			
		Europe/Iceland/Greenland	·	100,000	СНЕСК			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	36,815	EFT OR WIRE			
		Europe/Iceland/Greenland	Education	730,710	EFT OR WIRE			
		Europe/Iceland/Greenland	Education	175,400	EFT OR WIRE			
		Europe/Iceland/Greenland	Education	20,000	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	6,800	EFT OR WIRE			
		Europe/Iceland/Greenland	Education	89,994	EFT OR WIRE			
		Europe/Iceland/Greenland	Community Development	10,000	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	10,000	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	10,000	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	12,000	EFT OR WIRE			
		Europe/Iceland/Greenland	ARTS AND CULTURE	15,000	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	90,000	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	136,889	EFT OR WIRE			
		Europe/Iceland/Greenland	Community Development	36,625	EFT OR WIRE			
		Europe/Iceland/Greenland	·	10,000	EFT OR WIRE			
		Europe/Iceland/Greenland		36,815	EFT OR WIRE			
		Europe/Iceland/Greenland		25,000	EFT OR WIRE			
		Europe/Iceland/Greenland		5,095	CHECK			
		Europe/Iceland/Greenland		14,880	EFT OR WIRE			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	Education	44,756	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	20,000	СНЕСК			
		Europe/Iceland/Greenland	Arts and Culture	100,000	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	64,800	EFT OR WIRE			
		Europe/Iceland/Greenland	Community Development	10,000	CHECK			
		Europe/Iceland/Greenland	Arts and Culture	40,000	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	6,750	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	16,000	EFT OR WIRE			
		Europe/Iceland/Greenland	Community Development	6,293	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	103,000	EFT OR WIRE			
		Europe/Iceland/Greenland	ARTS AND CULTURE	10,000	EFT OR WIRE			
		Europe/Iceland/Greenland	ARTS AND CULTURE	6,500	EFT OR WIRE			
		Europe/Iceland/Greenland	EDUCATION	49,278	EFT OR WIRE			
		Europe/Iceland/Greenland	COMMUNITY DEVELOPMENT	10,000	EFT OR WIRE			
		Europe/Iceland/Greenland	ARTS AND CULTURE	50,000	EFT OR WIRE			
		Europe/Iceland/Greenland	Community Development	24,683	EFT OR WIRE			
		Europe/Iceland/Greenland	·	7,400	EFT OR WIRE			

DLN: 93493316046210

Employer identification number

col (i)

42,200

19,300

61,500

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Susan O'Neill Company

Carla Capone Company NEW

WASHINGTON

YORK DINNE

THE AMERICAN IRELAND FUND

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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

						25-130699	2		
P			ete if the organiza ed to complete th			to Form 990, Part I	V, line 17	7.	
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply								
а	Mail solicitations		e	~	Solicitation of no	n-government grants			
Ь	Internet and e-mail s	olicitations	f	Г	Solicitation of go	vernment grants			
c	Phone solicitations				Special fundraisii	ng events			
d	In-person solicitation	s							
2a	Did the organization have or key employees listed ii		•		•	•		Yes	Γ _{No}
b	If "Yes," list the ten highe to be compensated at lea	•	· ·		_			IS	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of	(iv	r) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in	(or r	mount p retained ganizati	lby)

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

contributions?

Nο

Νo

Yes

354,692

1,363,406

1,718,098

New York

Fundraising

Fundraising Dinners

629,984

1,940,280

2,570,264

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					eport	:ed	
			(a) Event #1 ANNUAL NY GALA (event type)	(b) Event #2 BOSTON GALA (event type)	(c) O ther Events 25 (total number)	(d) Tot (Add col col			
Ē	1	Gross receipts	1,940,280	1,808,175	3,999,870		7,74	8,325	
Revenue	2	Less Charitable	1,698,780	1,633,175	3,194,024		6,52	5,979	
<u>~</u>	3	Gross income (line 1 minus line 2)	241,500	175,000	805,846		1,22	2,346	
	4	Cash prizes							
မွာ	5	Non-cash prizes							
Expenses	6	Rent/facility costs							
ă	7	Food and beverages							
Direct	8	Entertainment							
Δ	9	Other direct expenses .	576,874	342,810	2,078,502		2,998	8,186	
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)			2,998	8,186	
11 Net income summary Combine lines 3, column d, and line 10									
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	1	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col			
-	1	Gross revenue			35,175		3!	5,175	
မှာ	2	Cash prizes							
Expenses	3	Non-cash prizes			5,745			5,745	
ம ர	4	Rent/facility costs							
Direct	5	Other direct expenses							
	6	Volunteer labor	Г Yes% Г No		┌────────────────────────────────────				
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				5,745	
	8	Net gaming income summary Com	bine lines 1, column d, ai	nd line 7			29	9,430	
9 a b	a Is the organization licensed to operate gaming activities in each of these states?							No No	
11 12	Doe:	res," Explain s the organization operate gaming a he organization a grantor, beneficial ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ıp or other entity	11		No_	
		gammig			Schedule G (Form 9	12 90 or 990-	EZ) 20	No 09	

								Yes	No
13	Indicate the	percentage of gaming a	ctivity operated in						
а	The organiza	ation's facility			13a	0 %			
b							1		
L4	Enter the na	me and address of the p	erson who prepares the or	ganızatıon's gamıng/spec	ial ev	ents books and records			
	Name 🟲	Anne Mooney - CO Th	e American Irel				4		
	Address 🟲	211 Congress Street							
		Boston, MA 02110					1		
15a	Does the org	ganızatıon have a contra	ct with a third party from v	vhom the organization rec	eıves	gamıng			
	revenue? .						15a		Νo
b			revenue received by the			and the			
			by the third party 🟲 \$						
С	If "Yes," ent	ter name and address							
	Name 🟲								
							1		
	A ddress 🟲								
							_		
L 6	Gaming man	nager information							
	Name 🟲	There is no one person	with all of						
	Name F	There is no one person	With all of				1		
	Gaming man	nager compensation 🟲 \$							
	Description	of services provided 🟲							
	☐ Director,	/officer	F Employee	☐ Independer	ıt cont	ractor			
L 7	Mandatory d	listributions							
а			ate law to make charitable						
	retain the st	ate gaming license? .					17a		Νo
Ь		,	quired under state law dist civities during the tax year	·	rganız	ations or spent			

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DLN: 93493316046210 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspect ion

Name of the organization									
THE AMERICAN IRELAND FUND						25-1306992			
Part I General Information	on on Grants and	d Assistance				'			
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as	sıstance?					✓ Yes		
	ne 21 for any recip	ient that received n	rganizations in the nore than \$5,000. Cho needed	eck this box if no one	recipient receive	d more than \$5,000.	Use		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance		
See Additional Data Table									

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

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV,	line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Informa	ation. Complete this part	to provide the information	n required in Part I. line 2.	and any other additional information.

Ident if ier	Return Reference	Explanation
Part I, Line 2	Grants Made to Organizations within the United States	We have offices in 5 locations with regional directors that are in contact with our US grant recipients on a regular basis. Our US grants are to non profit organizations

Software ID: Software Version:

EIN: 25-1306992

Name: THE AMERICAN IRELAND FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AISLING IRISH COMMUNITY CENTER990 MCLEAN AVE YONKERS,NY 10704	13-3919126	501(C)(3)	10,000				Community Development
AMERICAN IRISH HISTORICAL SOCIETY991 FIFTH AVENUE NEW YORK, NY 10028	41-7213121	501(C)(3)	10,000				Arts and Culture
BOYS CLUB OF NEW YORK 287 EAST 10TH STREET New York, NY 10022	13-5591750	501(C)(3)	10,000				Community Development
BROOKLYN MUSEUM200 EASTERN PARKWAY BROOKLYN,NY 11238	11-1672743	501(C)(3)	10,000				ARTS AND CULTURE
CAMP HARBOR VIEW200 CLARENDON STREET 60TH FLOOR BO BOSTON, MA 02116	75-3235491	501(C)(3)	100,000				Community Development
CONCERN WORLDWIDE USA104 EAST 40TH STREET SUITE 903 NEW NEW YORK, NY 10016	13-3712030	501(C)(3)	68,400				COMMUNITY DEVELOPMENT
CO OPERATION IRELAND 300 PARK AVENUE 17TH FLOOR NEW YORK NEW YORK, NY 10022	13-3089935	501(C)(3)	14,000				Community Development
DANCE SPORT ACADEMYP O BOX 6567 WEST PALM BEACH,FL 33405	20-8825872	501(C)(3)	10,000				ARTS AND CULTURE
EITHNE AND PADDY FITZPATRICK MEMORIAL FUND687 LEXINGTON AVENUE NEW YORK, NY 10022	13-3764252	501(C)(3)	9,200				ARTS AND CULTURE
EMERALD ISLE IMMIGRATION CENTER OF NEW YORK59 26 WOODSIDE AVENUE WOODSIDE,NY 11377	11-2932528	501(C)(3)	80,000				Community Development

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC Code section (e) A mount of non-(f) Method of (q) Description of (h) Purpose of grant organization ıf applıcable arant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) FACES NYU223 EAST 34TH 13-5562308 501(C)(3) Community STREET Development 137,000 NEW YORK, NY 10016 GLUCKSMAN IRELAND 13-5562308 501(C)(3) Community **HOUSE NYUONE** Development 107,834 WASHINGTON MEWS NEW YORK, NY 10003 HARVARD BUSINESS 04-2103580 501(C)(3) Community SCHOOLTEELE HALL Development 25,000 CAMBRIDGE, MA 02163 04-2103580 501(C)(3) COMMUNITY HARVARD MAHONEY NEUROSCIENCE DEVELOPMENT 10,000 INSTITUTE401 PARK **AVENUE BOSTON MA** 02215 BOSTON, MA 02215 HEARTSHARE12 METRO 11-1633549 501(C)(3) COMMUNITY TECH CENTER BROOKLYN DEVELOPMENT 12,500 NY 1 BROOKLYN, NY 11210 59-2543362 HOSPICE FOUNDATION OF 501(C)(3) COMMUNITY PALM BEACH139 N DEVELOPMENT 7,500 COUNTY ROAD PALM BEACH, FL 33480 IRELAND INSTITUTE OF 25-1626106 501(C)(3) Community PITTSBURGH425 6TH Development 26,350 AVENUE PITTSBURGH PA 15219 PITTSBURG, PA 15219 **IRISH ARTS CENTER553** 51-0244834 501(C)(3) ARTS AND CULTURE WEST 51ST STREET 41,131 NEW YORK, NY 10019 IRISH PASTORAL CENTRE 04-2106175 501(C)(3) ARTS AND CULTURE 953 HANCOCK ST QUINCY 50,000 MA 02170 QUINCY, MA 02170 IRISH REPERTORY 13-3531713 501(C)(3) ARTS AND CULTURE THEATRE132 WEST 22ND 7,000 STREET NEW YORK NY 1 NEW YORK, NY 10011

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN F KENNEDY LIBRARY FOUNDATION1 JOHN F KENNEDY ROAD DORCHESTER, MA 02125	04-6113130	501(C)(3)	10,000				ARTS AND CULTURE
KELTIC DREAMS PROJECT 2185 BATHGATE AVENUE BRONX NY 1045 BRONX,NY 10457	13-6400434	501(C)(3)	16,591				Arts and Culture
MOST4077 FIFTH AVENUE SAN DIEGO CA 921 SAN DIEGO,CA 92103	94-2958094	501(C)(3)	19,950				COMMUNITY DEVELOPMENT
NATIONAL UNIVERSITY IRELAND GALWAY303 PARK AVENUE SOUTH 1115 NEW YORK, NY 10010	30-0099346	501(C)(3)	10,000				EDUCATION
NEW YORK IRISH CENTER 10-40 JACKSON AVENUE LONG ISLAND CI LONG ISLAND CITY, NY 11101	55-0869151	501(C)(3)	111,000				Arts and Culture
ORIGIN THEATRE COMPANY115 MACDOUGAL STREET NEW YORK NY 1 NEW YORK, NY 10012	45-0562349	501(C)(3)	15,000				ARTS AND CULTURE
OUR FRIENDS PLACE FRIENDS OF SISTER PAULINE2501 OAK LAWN AVE SUITE 500 DALLAS DALLAS,TX 75219	75-2077719	501(C)(3)	15,000				Community Development
PEACEPLAYERS INTERNATIONAL1455 PENNSYLVANIA AVE WASHINGTON D WASHINGTON, DC 20004	52-2272092	501(C)(3)	119,833				PEACE AND RECONCILITATION
UNIVERSITY OF SCRANTON800 LINDEN STREET SCRANTON PA 1851 SCRANTON,PA 18510	24-0795495	501(C)(3)	10,000				COMMUNITY DEVELOPMENT
UNIVERSITY OF ST THOMAS CENTER FOR IRISH STUDIES3800 MONTROSE BLVD HOUSTON,TX 77006	74-1277664	501(C)(3)	10,000				COMMUNITY DEVELOPMENT

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON IRELAND PROGRAM FOR SERVICE AND LEADERS620 F STREET WASHINGTON DC 20004 WASHINGTON, DC 20004	52-2254430	501(C)(3)	10,000				COMMUNITY DEVELOPMENT

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DLN: 93493316046210

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Inc	E AMERICAN IRELAND FUND		25-1306992			
Pa	rt I Questions Regarding Compensation	-				
			,		Yes	Νo
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov					
	First-class or charter travel					
	▼ Travel for companions	Payments for business use of perso	nal residence			
		Health or social club dues or initiati				
	Discretionary spending account	Personal services (e g , maid, chauf	feur, chef)			
b	b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain					
2	Did the organization require substantiation prior to reimbure officers, directors, trustees, and the CEO/Executive Direct			2	Yes	
3	Indicate which, if any, of the following the organization uses organization's CEO/Executive Director Check all that appl	У				
	 ✓ Compensation committee ✓ Independent compensation consultant 	Written employment contract				
		Compensation survey or study Approval by the board or compensa	tion committee			
	p rottin 550 of other organizations	Approval by the board of compensa	tion committee			
4	During the year, did any person listed in Form 990, Part VI or a related organization	I, Section A, line 1a with respect to t	ne filing organization			
а	Receive a severance payment or change-of-control payment?					Νo
Ь	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-based co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide th	ne applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the revenues of		ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	, did the organization pay or accrue a	ny			
а	The organization?			6a		Νo
b	b Any related organization?					
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III					Νo
8	Were any amounts reported in Form 990, Part VII, paid or a subject to the initial contract exception described in Regs in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the rebutt	able presumption procedure describe	d in Regulations	•		

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Kıngsley Aıkıns	(I) (II)	320,000 0	87,500 0	224,876 0	273,003	18,173	923,552 0	
Kieran Mcloughlin	(I) (II)	315,000 0	0	23,360 0	52,389	18,173	408,922 0	
Steven Greeley	(I) (II)	234,000 0	0	17,659 0	24,500	1,872	278,031 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation				
Schedule J	,	Kingsley Aikins receives an annual bonus which includes family travel and a health club membership. He received a housing allowance related to his Ireland assignment which was grossed up and added to his compensation. Kieran McLoughlin has a family travel and parking allowance, both are grossed up and added to his compensation. Steve Greeley has a monthly car allowance which is grossed up and added to his compensation.				
,	Nonqualified	In addition, the fund entered into a five year deferred long-term incentive arrangement with the CEO, Kingsley Aikins, beginning in 2007, the fund accrued at a rate of \$100,000 annually. This arrangement was terminated and the amounts accrued were included in the former Chief Executive Officer's severance package. No payments were made in 2009				

Schedule J (Form 990) 2009

OMB No 1545-0047

Open to Public

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Inspection Internal Revenue Service Name of the organization **Employer identification number** THE AMERICAN IRELAND FUND 25-1306992

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	termi	nıng	
1	Art-Works of art	аррпсавіе		<u> </u>				
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications							
_	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	11	1,527,572	PUBLICLY TRADED	ı		
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29	-		0
20-	Dumps the year did the are-		a hii aantiihiitiss sair a	why was award up Doub T. Inc	1 20 that it		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part I	ΞI					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third parti		to solicit, process, or sell i	non-cash	32a		N o_
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

Supplemental Information to Form 990

► Attach to Form 990.

Name of the organization THE AMERICAN IRELAND FUND Employer identification number

25-1306992

ldentifier	Return Reference	Explanation
Program Service	Form 990 Part III (Other Exempt Purpose Achievements)	The American Ireland Fund supports philanthropic organizations by guiding, educating, and supporting grantees and prospective grantees in Ireland and the United States Projects are in touch with regional offices regularly, with many visiting The American Ireland Fund in person. The American Ireland Fund advises them of securing their funding and assists these organizations in developing their fundraising strategic plans. The American Ireland Fund effectively provides an advice, marketing and referral service for these organizations. All costs associated with these activities are met by the Fund with no costs being borne by the nonprofit groups themselves.
Governance, Management, and Disclosure	Form 990, Part VI, Section C, line 19	The governing documents and conflict of interest policy are available upon request. The Financial Statements are available on our wiebsite.
Governance, Management, and Disclosure	FORM 990, PART VI, SECTION A, LINE 7B	There is an executive committee that has the authority of the Board of Directors in the management of the business of the Corporation between board meetings. There are limitations to this committee's authority, and therefore would need total board approval in some areas.
Governance, Management, and Disclosure	FORM 990, PART VI, SECTION B, LINE 11	A draft of the 2009 - 990 is submitted to the Board of Directors for review prior to submission. A copy of the Form 990 as it is ultimately filed is provided to the Board prior to being electronically submitted to the IRS.
Governance, Management, and Disclosure	FORM 990, PART VI, SECTION B, LINE 15A	There is a compensation committee made up of 5 board members. The compensation is analyzed by an outside compensation consultant who researches and compares compensation data with like positions in similar organizations. A recommendation is made by the consultant as to whether the proposed compensation is reasonable taking into consideration the research conducted and AIF's comparison to the other nonprofit organizations. The analysis is then submitted to the board for review and approval and is documented in the board minutes.
Governance, Management, and Disclosure	Form 990, Part VI, Section A, Line 7A	There is a nominating and governance committee that is responsible for nominating new board members or suggesting the removal of current board members. This needs to be voted upon at a board meeting
Governance, Management, and Disclosure	Form 990, Part VI, Section A, Line 4	The structure of the board was changed to reflect a governing board with voting rights and participating members with no voting rights
Governance, Management, and Disclosure	Form 990, Part VI, Section A, LINE 2	FAMILY Relationships Robert and John Dunfey Chryss and Anthony O'Reilly BUSINESS RELATIONSHIPS James F Higgins - Christopher M Condron Edmund F Kelly - John P Manning

ldentifier	Return Reference	Explanation
Governance, Management, and Disclosure	Form 990, Part VI, Section B, LINE 12C	The conflict of interest policy requires the board members to communicate to the organization if any conflict of interest arises. We send out a conflict of interest questionnaire each year. If a conflict arises, it is brought to the attention of the Executive committee and subsequently to the entire board. All board members and the top management are subject to the conflict of interest policy.

ldentifier	Return Reference	Explanation
Expenditure Responsibility Statements		The American Feland Fund EIN 25-1306992 Expenditure Responsibility Statement For the year 2009 Pursuant to IRS Regulation 53 4945-5 (d)(2), The American Ireland Fund provides the following information (i) Grantee 174 Trust Duncarin Avenue Beffast BT14 6BP Northern Ireland (ii) Amount of Grants 2009 - \$11,700 (iii) Purpose of Grants The grant was used to organize activities to bring young Catholic and Protestant boys from deprived segregated areas together for sporting and other activities (iv.) & (iv.) Reports \$11,600 expended - May 26, 2010 (iv.) Diversions Grantee has not diverted any portion of the funds to the best of our knowledge (iv.) Verfication No verification required Pursuant to IRS Regulation 53 4945-5 (d)(2), The American Ireland Fund provides the following information (i) Grantee Abbey School (The) The Station Road Tipperary Co Tipperary Ireland (ii) Amount of Grants November 6, 2009 - \$89,994 (iii) Purpose of Grants For Assadvantaged students to time level universities and colleges (iv.) & (iv.) Reports \$89,994 expended - May 17, 2010 (iv.) Diversions Grantee has not diverted any portion of the funds to the best of our knowledge (iv.) Verification No verification required Pursuant to IRS Regulation 53 4945-5 (d)(2), The American Ireland Fund provides the following information (i) Grantee An Tiasce The Tailor's Hall Back Lanne Dublin 8 Heland (ii) Amount of Grants 2007 - \$6,200 (iii) Purpose of Grants Towards the salary of a new membership and local association development officer (iv.) & (iv.) Reports \$5,000 expended - May 12, 2010 (iv.) Diversions Grantee has not diverted any portion of the funds to the best of our knowledge (iv.) Verification No verification required Pursuant to IRS Regulation 53 4945-5 (d)(2), The American Ireland Fund provides the following information (i) Grantee An Tiasce The Tailor's Hall Back Lane Dublin 8 Heland (ii) Amount of Grants 2009 - \$250 (iii) Purpose of Grants Scantee Nay 12, 2010 (iv.) Diversions Grantee has not diverted any portion of the funds to the best of
		service with resources and materials for children of disadvantaged families (iv) & (vi) Reports \$2,500 expended - May 24, 2010 (v) Diversions. Grantee has not diverted any portion of the funds to the best of our know ledge (vii) Verification. No verification required. Pursuant to IRS Regulation 53 4945-5 (d)(2), The American Ireland Fund provides the following information. (i) Grantee Corrymeela Community 8 Upper Crescent Belfast, Belfast BT7 1NT Northern Ireland. (ii) Amount of Grants. Total \$164,777 (2007 - \$85,177 and \$33,400 / 2008 - \$46,200) (iii) Purpose of Grants. For the Fitzpatrick Creative Room in the new Village building at Corrymeela Centre in Ballycastle, North Antrim Corrymeela has a long history of productive reconciliation work in local communities in Northern Ireland. The donation is to fund residential stays for disadvantaged young people and families. (iv) & (vi) Reports. \$164,777 expended - June 2, 2010 (v) Diversions. Grantee has not diverted any portion of the funds to the best of our know ledge. (vii) Verification. No verification required. Pursuant to IRS Regulation 53 4945-5 (d)(2), The American Ireland Fund provides the following information. (i) Grantee. Crumlin Children's Hospital Building Fund. Crumlin Dublin Ireland. (ii) Amount of Grants. September 2009 - \$2,574 (iii) Purpose of Grants. To enable us to assist our hospital through the purchase of new equipment and research into childhood illness and disease. (iv) & (vi) Reports. \$2,574 expended - May 18, 2010 (v) Diversions. Grantee has not diverted any portion of the funds to the best of our knowledge. (viii) Verification. No verification required.

ldentifier	Return Reference	Explanation
Expenditure Responsibility Statements		The American Ireland Fund EN 25-1306992 Expenduture Responsibility Statement For the year 2009 Pursuant to IRS Regulation 53 4945-5 (d)(2). The American Ireland Fund provides the following information. (i) Grantee DCU Educational Trust Dublin 9 Ireland (ii) Amount of Grants. October 2009 - \$12,000 (iii) Purpose of Grants. The DCU in the Community. Bridge to Education program connects with local communities affected by sociol and economic disedivantage, many of whom have little or no formal education and intred knowledge of the basis of financial education. (iv.) & (iv.) Reports \$12,000 expended - May 21, 2010 (iv.) Diversions. Grantee has not diverted any portion of the funds to the best of our knowledge (iv.) Verification No verification required Pursuant to IRS Regulation 53 4945-5 (d)(2). The American Ireland Fund provides the following information. (i) Grantee Dominican College Griffith Avenue Dublin 9 heland (iii) Amount of Grants Residual From 2007 - \$19;237 (iii) Purpose of Grants Grant is being used for annual awards to students with the highest grades in Math and Science (iv.) & (iv.) Reports \$1,236 expended - May 20, 2010 (iv.) Diversions. Grantee has not diverted any portion of the funds to the best of our knowledge (iv.) Verification No verification required Pursuant to RS Regulation 53 4945-5 (d)(2). The American Ireland Fund provides the following information. (i) Grantee Dublin Jew shi Board of Guardians Dublin reland (ii) Amount of Grants. September 9, 2009 - \$844 (iii) Purpose of Grants. Grant was used toward helping familes and individuals and elderly and schepople with basic needs. (iv.) & (iv.) Reports \$1,236 expended - June 2, 2010 (iv.) Diversions. Grantee has not diverted any portion of the funds to the best of our knowledge (iv.) Verification No verification required Pursuant to RS Regulation 53 4945-5 (d)(2). The American Ireland Fund provides the following information. (i) Grantee Dublin Phiharmonic Orchestra Po Dos Ay 4716 Dublin Heland (ii) Amount of Grants September 30 2009 - \$15,00
		The American Ireland Fund provides the following information (i) Grantee Gorta 12 Herbert Street Dublin 2 Ireland (ii) Amount of Grants Total \$5,000 - September 28, 2009 (iii) Purpose of Grants Grant was used for a food and income support project - group poultry farming The group received funds for livestock and administration (iv) & (vi) Reports \$5,000 expended - May 12, 2010 (v) Diversions Grantee has not diverted any portion of the funds to the best of our knowledge (vii) Verification No verification required Pursuant to IRS Regulation 53 4945-5 (d)(2), The American Ireland Fund provides the following information (i) Grantee Integrated Educational Fund - Blackwater Integrated College 41 University St. Belfast, Belfast BT 7.1 FY Northern Ireland (ii) Amount of Grants 2008 \$1,000 (iii) Purpose of Grants. To support recurrent and capital cost of the establishment of Blackwater Integrated College. A new ly merged school formed by Row allane Integrated College Merging with Down Academy. (iv) & (vi) Reports. \$1,000 expended - May 27, 2010 (v) Diversions. Grantee has not diverted any portion of the funds to the best of our knowledge. (vii) Verification. No verification required.

I	Return eference	Explanation
Responsibility Sc	orm 990, chedule D, art I, Line	The American Iroland Fund EN 25-1306992 Expenditure Responsibility Statement For the year 2009 Pursuant to IRS Regulation 53 4495-55 (d)(2). The American Iroland Fund provides the following information (1) Craffet integrated Educational Fund - Blackw after Integrated College of 1 Universey St Beffast

ldentifier	Return Reference	Explanation
Expenditure Responsibility Statements		The American ireland Fund EIN 25-1308992 Expenditure Responsibility Statement For the year 2009 Pursuant to RS Regulation 53 4945-5 (d)(2). The American Fund provides the following information (i) Grantee Michael Cavanagh Society Cappaquin Co. Waterford Ireland (ii) Amount of Grants April 29, 2009 - \$25 (iii) Purpose of Grants The Society is preparing as election of the works of Michael Cavanagh for publication later this year (2010). The grant of 20 euro is being put towards the publication cost (iii) payment to the corresponding to the publication of the funds to the best of our knowledge (iiii) Verification. No verification required Pursuant to IRS Regulation 53 4945-5 (d)(2). The American Fundal Park Fundal Park Pursuant (iii) RS Regulation Side 4945-5 (d)(2). The American Fundal Park Fundal Park Fundal Park Pursuant (iii) Purpose of Grants November 23, 2009 - \$44,000 (iii) Purpose of Grants To promotion the study of Ireland's Micary Horizage (iiii) \$4,000 (iii) Purpose of Grants To promotion the study of Ireland's Micary Horizage (iii) \$4,000 (iii) Purpose of Grants To promotion the study of Ireland's Micary Horizage (iii) \$4,000 (iii) Purpose of Grants To promotion the Study of Purpose of Grants To Purpose of Grants To Purpose of Grants To Support and enhance educational opportunities and experiences across curricular areas (iii) \$4,000 (iii) Purpose of Grants To Support and enhance educational opportunities and experiences across curricular areas (iii) \$4,000 (iii) Purpose of Grants To Support and enhance educational opportunities and experiences across curricular areas (iii) \$4,000 (iii) Purpose of Grants To Supports and Supports Purpose of Grants To Supports and Supports Purpose of Grants To purchase six "Interactive Medical Purpose of Grants November 19,000 (iii) Purpose of Grants To purchase six "Interactive Medical Purpose of Grants November (iii) Purpose of Grants November (iii) Purpose of Grants November (iiii) Purpose of Grants November (iiiii) Purpose of Grants November (iiiiiiii) Purpose of Gra
		Purpose of Grants The main purpose of the grant was to help toward cost of our overall development campaign which included the building of our new School of Pharmacy (iv) & (vi) Reports \$200,000 expended - May 20, 2010 (v) Diversions Grantee has not diverted any portion of the funds to the best of our knowledge (vii) Verification No verification required

Identifier Return Explanation	
Reference	
Expenditure Responsibility Statements Statements The American relaind Fund EM 25-1306692 Expenditure Responsibility Statements Fig. Regulation 53 494-5 d(i)(2). The American relaind Fund provides the filter and Academy 15 Ely Place Dublin 2 relaind (iii) Amount of Grants Jun Grants To support the presentation of the Vence Bennie (iv) 8 (iv) Reports of Canals Summers and Canal Collecteral event of the Vence Bennie (iv) 8 (iv) Reports of Canals Summers and Protein Canal Foreign State St	collowing information (i) Grantee Royal e 2009 - \$40,000 (iii) Purpose of ed Scene" by the artist John Gerard rts \$40,000 expended - May 10, 2010 st of our know ledge (vii) Verification American Ireland Fund provides the II Street, Suite 1 Level 6 Sydney NSW ants The grant contributed to ion Strategy. This is SVA's approach g sustaining, broad based and ing the organizations impact on the lives Diversions. Grantee has not diverted a verification required Pursuant to IRS wing information (i) Grantee St. Ireland (ii) Amount of Grants April 29, in of a new building comprising of an ish, a gym and changing room facilities ee has not diverted any portion of the ed. Pursuant to IRS Regulation eation. (i) Grantee St. Mary's College in 18, 2009 - \$16,000 (iii) Purpose of littles (iv) & (vi) Reports \$16,000 (iv) Amount of Grants April 20, in of a new building comprising of an ish, a gym and changing room facilities ee has not diverted any portion of the ed. Pursuant to IRS Regulation eation. (i) Grantee St. Mary's College in 18, 2009 - \$16,000 (iii) Purpose of littles (iv) & (vi) Reports \$16,000 (iv) Amount of Grants To support teachers to ed teaching and learning resources to a 2010 (v) Diversions Grantee has not eation. No verification required evides the following information. (i) Ireland (ii) Amount of Grants January program whereby 135 children eave the orphanage. This includes computer skills, socialization skills and July 27, 2010 (v) Diversions. Grantee iovides the following information. (i) 2008-2009 - \$751,268 (iii) Purpose of furtment of Genetics. The operational trinity College Dublin Centre for Health American History in Trinity College. Stablishment of a lecture series (iv) & as not diverted any portion of the ed. Pursuant to IRS Regulation attin. (i) Grantee Trinity Foundation. (i) Grantee Trinity Foundation. (ii) Grantee Trinity Foundation. (ii) Grantee UCD Foundation. (iii) Purpose of Grants. The purpose of aged families to pursue an used to fund a total of four, three years degree undergraduate student

ldentifier	Return Reference	Explanation
Expenditure Responsibility Statements	Return Reference FORM 990, SCHEDULE D, PART I, LINE 4	Explanation The American Ireland Fund EIN 25-1308992 Expenditure Responsibility Statement For the year 2009 Pursuant to IRS Regulation 53 4945-5 (d)(2). The American Ireland Fund provides the following information (i) Grantee UCD Foundation - Sucide Program Blackrock Dublin, Co. Dublin Ireland (ii) Amount of Grants March 24, 2009 - \$25,000 (iii) Purpose of Crants. The purpose of the grant was to solibish the Scholarship in Sucides Studies This grant was to allow the student to complete a PhD which will focus on developing a highly visible institutional platform to visually depict the problem and tragedy of suicide in modern Ireland (ii) 8 (vi) Reports \$25,000 expended - May 5, 2010 (v) Dversions Grantee has not diverted any portion of the funds to the best of our knowledge (vii) Verification No verification (iii) Grantee UCD Michael Smurff School of Business Blackrock Dublin, Co. Dublin Feland (iii) Amount of Grants September 2009 - \$11,500 (iiii) Purpose of Grants To help source students, Idectures and guest speakers from the US (vi) 8 (vii) Reports \$11,500 expended - June 1, 2010 (v)) Dversions Grantee has not diverted any portion of the funds to the best of our knowledge (viii) Verification No verification required Pursuant to RRS Regulation 53 4945-6 (d)(2). The American Teland Fund provides the following information (ii) Grantee Ulster Museum Cultra Hollywood Co. Down Northern Ireland BT 18 0EU (iii) Amount of Grants December 23, 2009 - \$862,838 (iii) Purpose of Grants Development of applied art gallery in the newly refurbshed Ulster Museum, Belfast (iii) 8 (vi) Reports 5862,838 expended - May 10, 2010 (v) Dversions Grantee has not diverted any portion of the funds to the best of our knowledge (viii) Verification No verification required Pursuant to RR Regulation 53 4945-5 (d)(2). The American Ireland Fund provides the following information (ii) Grantee Unitarian Church Restoration Royeet Dublin Unitarian Church (iii) Amount of Grants Surginal Purpose of Grants (iii) Purpose of Grants (iii) Purpose of Gra
		(ii) Amount of Grants 2007 - 2008 - \$19,460 (iii) Purpose of Grants. The grant is added to the Dan Rooney Funds w hich is used by Whitegates to fund local groups providing activities for young children, teenagers, and pensioners including sporting events and charitable donations. The fund is kept for this purpose and the groups apply on an annual basis (iv) & (vi) Reports. \$9,232 expended - August 10, 2010. (v) Diversions. Grantee has not diverted any portion of the funds to the best of our knowledge. (vii) Verification. No verification required. Pursuant to IRS Regulation 53.4945-5 (d)(2), The American Ireland Fund provides the following information. (i) Grantee. Whitegates Community Business Ltd. Killeavey Road. New ry. Co. Down Ireland. (ii) Amount of Grants. 2009 - \$24,683 (iii) Purpose of Grants. The grant was used to assist in local community projects. (iv) & (vi) Reports. \$24,683 expended. July 29, 2010. (v) Diversions. Grantee has not diverted any portion of the funds to the best of our knowledge. (vii) Verification. No verification required.

Gaming FORM 990, SCHEDULE G, PART III, LINE 16 There were eight raffles held during 2009 at different events. There is no gaming manager for these raffles. Usually an employee who attends the event will help sell raffle tickets. There is no one person that has the responsibility of recordkeeping, money counting, hiring and firing of workers and making deposits. An event may have a raffle, an employee or volunteer will sell the tickets, and the money is then sent to The American Ireland Fund shortly after the event is complete. The person in AIF that receives the money then logs it into our revenue database as Raffle revenue and makes a deposit to our company bank account.

Schedule O (Form 990) 2009

For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 51056K

Additional Data

Software ID: Software Version:

EIN: 25-1306992

Name: THE AMERICAN IRELAND FUND

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	4d. Other program services										
(Code) (Expenses \$	including grants of \$) (Revenue \$)							
See Schedule O											

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per (C) Position (check all that apply)						ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Honorable Elizabeth Frawley Bagley DIRECTOR	1 0	Х						0	0	0	
Patrick D Broe DIRECTOR	1 0	X						0	0	0	
Jeremiah M Callaghan DIRECTOR	1 0	Х						0	0	0	
Thomas J Cashman DIRECTOR	1 0	Х						0	0	0	
Gerald SJ Cassidy DIRECTOR	1 0	Χ						0	0	0	
Thomas W Codd Jr DIRECTOR	1 0	Х						0	0	0	
Christopher M Condron DIRECTOR	1 0	Х						0	0	0	
John M Connors Jr DIRECTOR	1 0	Χ						0	0	0	
Michael R Corboy DIRECTOR	1 0	Х						0	0	0	
Joseph E Corcoran DIRECTOR	1 0	Х						0	0	0	
Thomas A Corcoran DIRECTOR	1 0	X						0	0	0	
Charles U Daly DIRECTOR	1 0	Х						0	0	0	
Maryon Davies Lewis DIRECTOR	1 0	Х						0	0	0	
Lore Moran Dodge DIRECTOR	1 0	Х						0	0	0	
Christopher G Doherty DIRECTOR	1 0	Х						0	0	0	
John G Duffy DIRECTOR	1 0	X						0	0	0	
John P Dunfey DIRECTOR	1 0	Х						0	0	0	
Robert J Dunfey Sr DIRECTOR	1 0	Х						0	0	0	
Anne M Finucane DIRECTOR	1 0	Х						0	0	0	
John Fitzpatrick DIRECTOR	1 0	Х						0	0	0	
Jon K Folan DIRECTOR	1 0	Х						0	0	0	
Loretta Brennan Glucksman DIRECTOR	1 0	X						0	0	0	
Kenneth F Gorman DIRECTOR	1 0	X						0	0	0	
Donald J Hanratty DIRECTOR	1 0	X						0	0	0	
Denis J Healy DIRECTOR	1 0	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A)	(B)		((c)				(D)	(E)	(F)	
Name and Title	A verage hours	Average Position (check all hours that apply)						Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC) (W- 2/1099-MISC)		from the organization and related organizations	
James F Higgins DIRECTOR	1 0	х	•			•	•	0	0	0	
Declan Kelly DIRECTOR	1 0	Х						0	0	0	
Edmund F Kelly DIRECTOR	1 0	Х						0	0	0	
Patricia Michele Kessler DIRECTOR	1 0	Х						0	0	0	
Lesley King DIRECTOR	1 0	X						0	0	0	
John T Lynch DIRECTOR	1 0	X						0	0	0	
Peter S Lynch DIRECTOR	1 0	X						0	0	0	
John P Manning DIRECTOR	1 0	X						0	0	0	
Dolores L McCall DIRECTOR	1 0	X						0	0	0	
Robert J McCann DIRECTOR	1 0	X						0	0	0	
Marianne McDonald DIRECTOR	1 0	X						0	0	0	
William J McNally Esq DIRECTOR	5 0	X						42,875	0	0	
Brian D Monaghan Esq DIRECTOR	1 0	X						0	0	0	
George G Moore DIRECTOR	1 0	Х						0	0	0	
Honorable Brian Mulroney DIRECTOR	1 0	Х						0	0	0	
Daniel F Mulvihill DIRECTOR	1 0	Х						0	0	0	
Bartholomew Murphy DIRECTOR	1 0	X						0	0	0	
John J O'Connor DIRECTOR	1 0	Х						0	0	0	
Sheila O'Malley DIRECTOR	1 0	Х						0	0	0	
Thomas P O'Neill III DIRECTOR	1 0	Х						0	0	0	
Sir Anthony J F O'Reilly DIRECTOR	1 0	Х						0	0	0	
Chryss G O'Reilly DIRECTOR	1 0	Х						0	0	0	
Patrick J Purcell DIRECTOR	1 0	X						0	0	0	
Philip J Purcell DIRECTOR	1 0	Х						0	0	0	
Thomas C Quick DIRECTOR	1 0	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	rage Position (check all urs that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
Paul S Quinn Esq DIRECTOR	1 0	X						0	0	0	
Robert L Reynolds DIRECTOR	1 0	Χ						0	0	0	
Daniel M Rooney DIRECTOR	1 0	X						0	0	0	
Pauline Ryan DIRECTOR	1 0	X						0	0	0	
David W Sculley DIRECTOR	1 0	X						0	0	0	
John T Sharkey DIRECTOR	1 0	Х						0	0	0	
Mike Sheehan DIRECTOR	1 0	X						0	0	0	
Edward I Smyth DIRECTOR	1 0	X						0	0	0	
Craig Sullivan DIRECTOR	1 0	X						0	0	0	
John R Tillotson DIRECTOR	1 0	X						0	0	0	
Edward P Timmins Esq DIRECTOR	1 0	X						0	0	0	
Mark H Tuohey III DIRECTOR	1 0	X						0	0	0	
A WB Vincent DIRECTOR	1 0	X						0	0	0	
William D Walsh DIRECTOR	1 0	X						0	0	0	
hildegarde e mahoney director	1 0	X						0	0		
THOMAS F MEAGHER DIRECTOR	1 0	X						0	0		
Kingsley Aikins PRESIDENT AND CEO WORLDWIDE	80 0			Х				632,376	0	291,176	
Kıeran Mcloughlın PRESIDENT	80 0			Х				338,360	0	70,562	
Anne Mooney CFO	60 0			Х				115,695	0	18,052	
Steven Greeley EXECUTIVE DIRECTOR	80 0			Χ				251,659	0	26,372	
Marjorie Muldowney REGIONAL DIRECTOR	50 0					X		119,883	0	11,988	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRINTING AND PUBLICATIONS	172,247	103,348	34,449	34,450
CONTRACT SERVICES	80,181		80,181	
GRANT AND ADMIN SERVICES	130,000		130,000	
OTHER EXPENSES	24,616	8,169	8,280	8,167
ISA AND STATE REGISTRATION	13,310	4,437	4,438	4,435