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Department c **€** the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2012

Open to Public Inspection

Α	For the 2	012 calendar year, or tax year beginning, and ending			
	Check if applic	C. C		D Employ	yer identification number
ň	Address chang				
	Address chang	Doing Business As		1 20-	-8156916
	Name change		Room/suite		one number
	Initial return	Number and street (or P O box if mail is not delivered to street address)	Roomisante	1 '	
믐		2007 WALNUT ST		215	<u>5-568-5603</u>
	Terminated	City, town or post office, state, and ZIP code			
	Amended retu	m PHILADELPHIA PA 19103		G Gross rece	eipts \$ 534,980
$\exists$		F Name and address of principal officer			
	Application pe	nding	H(a) Is this a	group return for a	affiliates? Yes X No
			H(b) Are all a	ffiliates included	Yes No
					(see instructions)
			<b>⊣</b> ""	io, allacira iist	(SEE ITSUBCIONS)
<u></u>	Tax-exempt				
J	Website 🕨	http://irishpub.donordrive.com	H(c) Group e	xemption number	er 🕨
к	Form of organ	nization X Corporation Trust Association Other ▶ L	Year of formation		M State of legal domicile
	art I	Summary			
	T	efly describe the organization's mission or most significant activities	_		
		Corporation will provide charitable giving mainly to ot	har aramn	.+	
<u>e</u>	1		ner exemp		
ıап	1	organizations under Section 501 (c) (3) that support			
er	0	children.			
GHNNAC Activities & Governance	2 Che	eck this box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	of its net asse	ts	
ÇΫ	3 Nur	mber of voting members of the governing body (Part VI, line 1a)		3	16
<u>⊅</u> s	l .	mber of independent voting members of the governing body (Part VI, line 1b)		4	16
5≝	ţ	al number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0
<u></u>	1			— <del></del>	0
ÜΑ		al number of volunteers (estimate if necessary)		6	<del></del>
NUL		al unrelated business revenue from Part VIII, column (C), line 12		7a	0
<u>Ş</u>	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
		1 REULIVEE 10	Prior Y		Current Year
E102 g I	8 Cor	ntributions and grants (Part VIII, line 1h) gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A) lines 3, 4, and 7d)  WAY 2 0 2013	45	6,961	534,835
₩ <u>₹</u>	9 Pro	gram service revenue (Part VIII, line 2g)	<u> </u>	0	0
26	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)	Ĕĺ	0	145
3 8	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12 Tot	al revenue - add lines 8 through 11 (must equal Part VIII, column (ATVIDE 12 EN	45	6,961	534,980
	13 Gr	al revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) al revenue – add lines 8 through 11 (must equal Part VIII, column (A), 10a [2] EN, ants and similar amounts paid (Part IX, column (A), lines 1–3)		50,625	199,400
				0	0
	1	nefits paid to or for members (Part IX, column (A), line 4)			
es	<b>15</b> Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
xpenses	<b>16a</b> Pro	fessional fundraising fees (Part IX, column (A), line 11e)		0	0
g.	<b>b</b> Tot	al fundraising expenses (Part IX, column (D), line 25) ▶ 70, 979			
ŵ	17 Oth	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		72,482	79,588
	18 Tot	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23	33,107	278,988
		venue less expenses Subtract line 18 from line 12		23,854	255,992
- 5	g 13 11C	vertice less expenses outstact time to worth line 12	Beginning of C		End of Year
Net Assets or	20 Tot	al assets (Part X, line 16)		29,008	676,240
ASS(	21 Tot	al liabilities (Part X, line 26)		20,957	12,197
et	21 100			08,051	664,043
		t assets or fund balances Subtract line 21 from line 20	***	00,031	004,043
<u>_</u>	Part II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and statement			wledge and belief, it is
tı	ue, correct,	and complete Declaration of preparer (other than officer) is based on all information of which preparer l	nas any knowledo		
		1/1/10h		ک	7.13·13
Si	gn	Signature of officer		Date	
	ere	MARK O'CONNOR PRESI	יייאים		
110		Type or pnnt name and title		<del></del>	
			Ta		Tee Draw
_	- 1	Innt/Type preparer's name Preparer's signature	Date	Check	X if PTIN
Pa	ıa (E	ILEEN GIBAS KMETZ	05/0	8/13 self-en	<del></del>
Pro	eparer F	irm's name WITTIG CPA'S	<i></i>	Firm's EIN	23-2494575
Us	e Only	244 E Broad St			
		irm's address ▶ Tamaqua, PA 18252-2057		Phone no	570-668-1208
840		discuss this return with the preparer shown above? (see instructions)		, mone no	X Yes No
		k Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2012
P <b>O</b>		n Neudelion Act Motice, See the Separate instructions.			Form 990 (2012

DAA

Pa	rt IV. Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
U	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		х
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	· '	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	一		
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			ļ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>	_	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<del></del>		
•	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	complete Schedule D, Part VI	11a	х	
b	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	11b		x
С	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	11c	!	X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		ŀ	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1	1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<b>↓</b>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	<u> </u>

# Form 990 (2012) THE IRISH PUB CHILDRENS FOUNDATION 20-8156916

_ <u>Pa</u>	art IV Checklist of Required Schedules (continued)	<u>.</u>	•	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	1 1		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u></u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-		1
	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		<u> </u>
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	] ]		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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 IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1 1		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	ĺ		
	or IV, and Part V, line 1	34		<u>X</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ļ		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Ì		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

۲a	Check if Schedule O contains a response to any question in this Par	<del>1</del> \/				$\Box$
	Check it Scriedule O contains a response to any question in this Fai		-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		[ ]	l
c	Did the organization comply with backup withholding rules for reportable payments to vendors an	d				1
	reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		1 1	-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	returns?		2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	her authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er financial				1
	account)?			4a	ļ	X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Finar					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter train	nsaction?		5b	<del> </del>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	├──	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	fid the			1	37
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	├──	X
b	If "Yes," did the organization include with every solicitation an express statement that such contril	butions or		0.		
_	gifts were not tax deductible?			6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).	for goods				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods		70	1	X
h	and services provided to the payor?			7a 7b	$\vdash$	_ <u>^</u>
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was		7.5		1
·	required to file Form 8282?	it was		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				<del></del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		!	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file		s required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor					
	organization, have excess business holdings at any time during the year?	_		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter			İ		1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			1
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				1
b	Gross income from other sources (Do not net amounts due or paid to other sources					]
	against amounts due or received from them )	11b	<u> </u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		1	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_12b	<u> </u>			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ	ļ	<b></b>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<del> </del>	ļ
	Note. See the instructions for additional information the organization must report on Schedule O	ı				1
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1	I			
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c	L		+-	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	+-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch	eaule O		14b		Ш_

IRISHCHII D 05/08/2013 6 10 PM Form 990 (2012) THE IRISH PUB CHILDRENS FOUNDATION 20-8156916 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 16 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar 1 0 % committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4  $\overline{\mathbf{x}}$ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, h X stockholders, or persons other than the governing body? 7b Я Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X а 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b  $\overline{\mathbf{x}}$ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a а 15b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

S	eci	tior	١C.	Dis	clos	sure

PA 17 List the states with which a copy of this Form 990 is required to be filed >

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,

and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the 20 2007 Walnut St Irish Pub organization >

Philadelphia

PA 19103

215-568-5603

16a

16b

X

、 Form 990 (2012	THE	IRISH	PUB	CHILDRENS	FOUNDATION	20-	-815691	6		Pa
					Trustees, Key En		s, Highest	Compensated	Employees,	and
	Indepe	ndent Co	ntracto	rs						

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

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

Check if Schedule O contains a response to any question in this Part VII

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

K Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i Irecto	than or s both a r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Patrick D Liney										
	2.00									
Vice - President	0.00	X		X		$\vdash$		0	0	0
(2) Mark O'Connor	<b>-</b> 00									
	5.00								^	•
President	0.00	X		X		<del>├</del> ─┤		0	0	0
(3) Catherine Burke	1 00									
	1.00	٦,						o	0	0
Chairperson (4) Michelle Doerr	0.00	X		-	├	$\vdash$		0	<u>U</u>	<u> </u>
(4) Michelle Doerr	2.00					l i				
M	0.00	x		x				o	0	0
Treasurer (5) Robert Stein	0.00	+^		^	┼	+-+		<u> </u>	<u> </u>	
(5) Robert Stern	0.50									
Director	0.00	x						О	0	o
(6) Geoff McKernan	0.00	+^		$\vdash$	+					<del></del>
(6) GEOTT MCRETHAM	1.50	1				}				
Director	0.00	x		1		\		o	o	0
(7) John Dawson	0.00	1		+	+	+	_			<del></del>
(//comin bawson	0.50		1							
Director	0.00	x						o	o	0
(8) John Gordon	0.00	+	<del> </del>		+	1				
(6) 551111 5524511	0.50		l							
Director	0.00	x						l o	O	0
(9) Kevin Liney	0.0	+	$\vdash$	╁	-					
(8,110 1 = 1 = 1 = 1	0.50									
Director	0.00	X			ì			0	0	0
(10) JOSEPH SULLIVAN		1	1	T	+	1				
	1.50					1				
DIRECTOR	0.00	x						0	0	0
(11) JOHN J GALLAGHER		T	T	1	$\top$	1				
. ,	1.00									
DIRECTOR	0.00	x				1		0	0	
DAA										Form 990 (2012)

Part VII Section A. Officer	s, Directors, Tru	stee	s, K	ey Eı	mplo	yees	s, an	nd Highest Compensated	Employees (continued)	,		
(A) Name and title	(B) Average hours per week (list any hours for	b o	ox, uni	Pos check ess pe ind a c	erson i directo	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amoun othe compens from t	t of r ation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organiza and rela organiza	ited	
(12) GREGG MURPHY	<u> </u>	1		<u></u>	-					 		
DIDEGEOR	0.50	\										_
DIRECTOR (13) DONNA PATTERSON	0.00	X	-	-				0	0	-		0
	1.00	1	Ì						•			
DIRECTOR CHARLES D	0.00	X	ļ	-				0	0	 		0
(14) PETER CHARLES B.	1.00											
DIRECTOR	0.00	x						o	o			0
(15) WAYNE BONFIGLIO		1										
	2.00		}					_	_			
Director (16)MEGAN LINEY	0.00	X	ļ —		-			0	0	 		0
(16)MEGAN LINEI	1.00											
SECRETARY	0.00	x	}	x				0	0			0
(17)												
(18)	<u> </u>	-		-						 		
(10)												
(19)							·					
1b Sub-total c Total from continuation she	ets to Part VII, S	ection	on A	L	I <del></del>	<u> </u>	<b>&gt;</b>			_	_	
d Total (add lines 1b and 1c)				_			<u> </u>					
Total number of individuals (in reportable compensation from	cluding but not lir the organization	nited ▶	to th	ose	listed	abo	ve) י	who received more than \$1	00,000 in 	 	Yes	No
3 Did the organization list any fo								ee, or highest compensated	I			
employee on line 1a? If "Yes,"  For any individual listed on line								and other compensation from	m the	3		_X
organization and related organ												
individual  5 Did any person listed on line 1	a receive or accr	ue co	mne	neat	ıon fi	rom s	anv i	inrelated organization or inc	dividual	4		<u> </u>
for services rendered to the or										 5		X
Section B. Independent Contractor			_						<del></del>	 		
<ol> <li>Complete this table for your five compensation from the organic</li> </ol>												
	(A) d business address								(B) tion of services	Cor	(C) npensati	ıon
						-						
				_			_			 		
				·								
2 Total number of independent received more than \$100,000								listed above) who	0	<del>-</del> ,		_

Form 990 (2012) THE IRISH PUB CHILDRENS FOUNDATION Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue (C) (A) Unrelated business excluded from tax exempt under sections function revenue revenue 512, 513, or 514 Program Service Revenue Contributions, Gifts, Grants Anounts 1a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f 534,835 g Noncash contributions included in lines 1a-1f 534,835 h Total. Add lines 1a-1f Busn. Code 2a b С d f All other program service revenue  $\triangleright$ Total. Add lines 2a-2f Investment income (including dividends, interest, 145 and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventory b Less cost or other basis & sales exps Gain or (loss) • d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Busn Code 11a b All other revenue Total. Add lines 11a-11d 0 0 145 534,980 Total revenue. See instructions

Part IX Statement of Functional Expenses

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	194,400	194,400		·····
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,000	5,000		
3	Grants and other assistance to governments,	•	· · · · · · · · · · · · · · · · · · ·	-	
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	_			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			· · · · · · · · · · · · · · · · · · ·	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	10.010			10 010
а	Management	10,918			10,918
b	Legal	3 050		3 350	
	Accounting	3,250		3,250	
	Lobbying				
_	Professional fundraising services See Part IV, line 17				
f	Investment management fees			· · · · · · · · · · · · · · · · · · ·	
g	, ,				
12	(A) amount, list line 11g expenses on Schedule O )  Advertising and promotion	11,393			11,393
12 13	Office expenses	1,669		1,345	324
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	236			236
18	Payments of travel or entertainment expenses				•••
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	351		231	120
23	Insurance	1,457		1,457	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1			
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O)	19,614			19,614
а		14,834			14,834
b	Supplies - Fundralsing	11,000		· · · · · · · · · · · · · · · · · · ·	11,000
C	Catering - F/R Internet - Fundraising	2,340			2,340
d	_ <u> </u>	2,526		2,326	200
e 25		278,988	199,400	8,609	70,979
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   [In the column of the colu	2,0,500	253/200	3,333	,,,,,,,

**Balance Sheet** Part X' Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 427,985 473,883 Cash-non-interest bearing 200,145 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 2,737 other basis Complete Part VI of Schedule D 10a 525 1,023 2,212 Less accumulated depreciation 10b 10c 11 Investments-publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 429,008 676,240 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,957 17 17 Accounts payable and accrued expenses 6,000 12,000 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other 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 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 20,957 12,197 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 408,051 27 Unrestricted net assets 664,043 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 408,051 664,043 Total net assets or fund balances 33 33 676,240 429,008 Total liabilities and net assets/fund balances

Form 990 (2012)

Form 990 (2012) THE IRISH PUB CHILDRENS FOUNDATION	20-8156916			Pa	ge <b>12</b>
Part XI Reconciliation of Net Assets				•	
Check if Schedule O contains a response to any question in this Pa	rt XI	<del> </del>			
1 Total revenue (must equal Part VIII, column (A), line 12)		1			980
2 Total expenses (must equal Part IX, column (A), line 25)		2		78,	
3 Revenue less expenses Subtract line 2 from line 1		3			<u>992</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A	))	4	4(	08,	051
5 Net unrealized gains (losses) on investments		5	_		
6 Donated services and use of facilities		6			
7 Investment expenses		7			
8 Prior period adjustments		8			
9 Other changes in net assets or fund balances (explain in Schedule O)		9			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part	t X, line				
33, column (B))		10	6	64,	<u>043</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Pa	ırt XII				
	_			Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual	Other				
If the organization changed its method of accounting from a prior year or checked "Othe	er," explain in			:	
Schedule O					
2a Were the organization's financial statements compiled or reviewed by an independent a	accountant?		2a	X	
If "Yes," check a box below to indicate whether the financial statements for the year we	re compiled or				
reviewed on a separate basis, consolidated basis, or both					
X Separate basis Consolidated basis Both consolidated and separate	rate basis				
b Were the organization's financial statements audited by an independent accountant?			2b		X
If "Yes," check a box below to indicate whether the financial statements for the year we	re audited on a				1
separate basis, consolidated basis, or both					
Separate basis Consolidated basis Both consolidated and separate	rate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes respons	ability for oversight				
of the audit, review, or compilation of its financial statements and selection of an indep	endent accountant?		2c		
If the organization changed either its oversight process or selection process during the	tax year, explain in				
Schedule O					
3a As a result of a federal award, was the organization required to undergo an audit or aud	dits as set forth in				1
the Single Audit Act and OMB Circular A-133?			3a_		X
b If "Yes," did the organization undergo the required audit or audits? If the organization di	d not undergo the				
required audit or audits, explain why in Schedule O and describe any steps taken to un			3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION

INC

Employer Identification number 20-8156916

P	art l	Reaso	on for Public Charity S	Status (All organizations n	nust cor	nplete t	his par	t ) See	ınstru	ictions	3		
The	organ	ization is not a	private foundation because i	t is (For lines 1 through 11, chec	ck only on	e box )							
1	$\Box$	A church, con	vention of churches, or assoc	ation of churches described in s	ection 17	70(b)(1)( <i>A</i>	A)(i).						
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3		A hospital or a	a cooperative hospital service	organization described in section	n 170(b)	(1)(A)(iii)	•						
4	$\Box$	A medical res	earch organization operated i	n conjunction with a hospital des	cribed in s	section 1	70(b)(1)	(A)(iii).	Enter th	e hospil	tal's name,		
	لـــا	city, and state		,									
5		•		a college or university owned or	operated I	ov a gove	rnmental	l unit de	scribed	ın		'	
_	_	•	b)(1)(A)(iv). (Complete Part II	•	•	, ,							
6				ernmental unit described in <b>sect</b>	ion 170(b	o)(1)(A)(v	١.						
7	X		_	bstantial part of its support from				the ger	eral pul	blic			
•		=	section 170(b)(1)(A)(vi). (Co		a govern	nontal on		50.					
8				0(b)(1)(A)(vi). (Complete Part II	)								
9	-	•		more than 33 1/3% of its support		tributione	membe	rshin fe	hne se	aross			
3		_	•	t functions—subject to certain ex									
		•	·	unrelated business taxable inco	-					11.3			
		• • • • • • • • • • • • • • • • • • • •	<del>-</del>	1975 See section 509(a)(2). (C			11 (0%)	Jili busii	163363				
40			•	clusively to test for public safety		•	21/41						
10	$\vdash$		•	clusively to test for public salety clusively for the benefit of, to per		•		carny out	the				
11	L	•	•	l organizations described in secti						tion			
				e type of supporting organization									
		a Type	<del></del>	c Type III–Functional	•		d [	<u> </u>		n_functu	onally integrat	har	
_				nization is not controlled directly of			L.				orially integral	Cu	
е		, .		than one or more publicly suppor					-				
		or section 509	<del>-</del>	man one of more publicly suppor	ica organ	1124110113	icaci ibcc	111 3000	011 000(	ω/( · /			
£				nination from the IRS that it is a	Type I Ty	ne II or T	vna III si	innortin	7				
f		•	check this box	initiation from the fixe that it is a	rype i, ry	pe II, or I	ype iii si	apporting	3				
				n accepted any gift or contribution	n from an	v of the							
g		=		at accepted any gift of contribution	ni ilolli ai	iy or the							
		following pers		trols, either alone or together wit	h naraana	donombo	d in (ii) o	nd				Yes	No
		`,	•	<del>-</del>	ii persons	describe	u III (II) a	iiu			11g(i)	+	110
			v, the governing body of the s	· · · · · · · · · · · · · · · · · · ·								$\overline{}$	
			member of a person describe								11g(ii)		
			ontrolled entity of a person de								11g(iii	н	1
h	(1) NI===		ollowing information about the		(iv) Is the o	raanization	(v) Did y	ou notify	(vi) I	s the	(vii) Amount	of monot	201
		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	sted in your		ization in	organizat		sup		ыу
		,		above or IRC section		document?	col (ı)			zed in the			
				(see instructions))	Yee	Na	supr	No	Yes	No.			
					Yes	No	Yes	NO	res	NO			
(A)													
<del></del>							<del>                                     </del>			<u> </u>	_		
(B)							1						
		<del></del>			<del> </del>		<u></u>		-				
(C)													
				·									
(D)													
					<u> </u>				ļ				
(E)													
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

	age	
г	aye	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(=) 2012	
		(6) 2003	10) 2010	(u) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	190,233	237,449	268,319	456,961	534,835	1,687,797
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	190,233	237,449	268,319	456,961	534,835	1,687,797
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)						12.741
						13,741 1,674,056
			<b>!</b>			1,674,056
	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
				<del>- ` -   -</del>		1,687,797
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	150,233	231,443	233,313	430,301	145	145
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. Add lines 7 through 10						1,687,942
Gross receipts from related activities, etc. (s	see instructions)				12	
First five years. If the Form 990 is for the o	rganization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	)	
organization, check this box and stop here			<del> </del>			<u> </u>
	<del></del>	<del>-</del>				
Public support percentage for 2012 (line 6,	column (f) divided by	y line 11, column (f	))		14	99.18%
Public support percentage from 2011 Scheo	lule A, Part II, line 1	4			15	97.08%
33 1/3% support test—2012. If the organize	ation did not check	the box on line 13,	and line 14 is 33 1/	3% or more, check	this	
box and stop here. The organization qualifi	es as a publicly sup	ported organization	1			<b>▶ X</b>
				33 1/3% or more,		. —
check this box and stop here. The organiza	ition qualifies as a p	ublicly supported o	rganization			<b>▶</b> [
	-					
Part IV how the organization meets the "fac organization	ts-and-circumstance	es" test. The organ	zation qualifies as a	a publicly supported	I	▶ [
	_				е	
_						
	ts the "facts-and-cir	cumstances" test	The organization qu	ialifies as a publicly		, –
supported organization						▶ _
<b>Private foundation.</b> If the organization did instructions	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check the	his box and see		▶ [
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  dar year (or fiscal year beginning in) ▶  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets  (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (s. First five years. If the Form 990 is for the corganization, check this box and stop hereition C. Computation of Public Supublic support percentage from 2011 Scheel 33 1/3% support test—2012. If the organization check this box and stop here. The organization qualification of the corganization percentage from 2011 Scheel 33 1/3% support test—2011. If the organization meets the sox and stop here. The organization meets Part IV how the organization meets the "factorganization" in Part IV how the organization meets Part IV how the organization meets Part IV how the organization meets pupported organization. If the organization meets upported organization. If the organization did Private foundation.	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  dar year (or fiscal year beginning in)   Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets  (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, sorganization, check this box and stop here  tion C. Computation of Public Support Percenta  Public support percentage from 2011 Schedule A, Part II, line 1-33 1/3% support test—2012. If the organization did not check box and stop here. The organization qualifies as a publicly sup 33 1/3% support test—2011. If the organization did not check check this box and stop here. The organization meets the "facts-and-circumstances test—2012. If the organization 10% or more, and if the organization meets the "facts-and-circumstances test—2011. If the organization 10%-facts-and-circumstances test—2011. If the organization 10%-facts-and-circums	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)  Public support. Subtract line 5 from line 4  tion B. Total Support  dar year (or fiscal year beginning in)   Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here  tion C. Computation of Public Support Percentage  Public support percentage from 2011 Schedule A, Part II, line 14  33 1/3% support test—2012. If the organization did not check the box on line 13, box and stop here. The organization qualifies as a publicly supported organization or the distribution and stop here. The organization qualifies as a publicly supported organization or 10%-facts-and-circumstances test—2012. If the organization did not check a bot 10%-facts-and-circumstances test—2012. If the organization did not check a bot 10%-facts-and-circumstances test—2011. If the organization did not check a bot 10%-facts-and-circumstances test—2011. If the organization did not check a bot 10%-facts-and-circumstances test—2011. If the organization did not check a bot 10%-facts-and-circumstances test—2011. If the organization did not check a bot 10%-facts-and-circumstances test—2011. If the organization did not check a bot 10%-facts-and-circumstances test—2011. If the organization did not check a bot 10% or more, and	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add Ines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 this custom on line 11, column (f)  Public support. Subtract tine 5 from line 4 tition B. Total Support  dar year (or fiscal year beginning in)   Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as organization, check this box and stop here  tion C. Computation of Public Support Percentage  Public support percentage from 2011 Schedule A, Part II, line 14  33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% support test—2012. If the organization did not check to box on line 13 or 16a, and line 15 is check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16a, 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circums	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  190, 233  237, 449  268, 319  456, 961  The portion of total contributions by each person (other than a governmental unit or publicly supported organization junctided on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtractine 5 from line 4  190, 233  237, 449  268, 319  456, 961  The portion of total contributions by each person (other than a governmental unit or publicly supported organization junctided on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtractine 5 from line 4  190, 233  237, 449  268, 319  456, 961  The provision of the pro	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facities furnished by a governmental unit to the organization without charge organization organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) publicly supported organization) included an line 1 that exceeds 2% of the amount shown on line 11, column (f) public support. Subtract line 5 from line 4  Gross mocine from line 4  Gross mocine from interest, dividends, spariner services of several organization organization, form line 4  Gross mocine from interest, dividends, spariner services of several organization and several organization organization, check this box and stop here. The organization qualifies as a publicly supported organization. How can be constituted in the source of securities for such as a publicly supported organization. How constitution is a publicly supported organization of support test—2012. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. How constitution is supported organization. How constitution is supported organization. How constitution is supported organization of sublicies as a publicly supported organization of 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization of 10%-facts-and-circumstances test. The organization qualifies as a publicly supported organization of 10%-facts-and-circumstances test. The organization qual

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

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

	If the organization falls to	quality under tr	ie tests listed b	elow, please o	omplete Fart ii	)	
	tion A. Public Support		1	(.) 2010	(-1) 0044	(-) 2040	49 Tatal
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						<u></u>
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		<del></del>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		:				
	tion B. Total Support				_	<del>,</del> ,	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12 )	L <u></u>	<u> </u>		<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(c	)(3)	<b>&gt;</b>
Sec	ction C. Computation of Public Su	ipport Percent	tage				
15	Public support percentage for 2012 (line 8,	column (f) divided	by line 13, column	(f))		15	<u>%</u>
16	Public support percentage from 2011 Sche					16	%
Sec	ction D. Computation of Investme	nt Income Per	rcentage			··· · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2012 (In			column (f))		17	_%_
18	Investment income percentage from 2011	•				18	%
19a	33 1/3% support tests—2012. If the orga						. —
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests—2011. If the orga						
20	line 18 is not more than 33 1/3%, check thi						[ -

Schedule A (Form 990 or 990-EZ) 2012 THE IRISH PUB CHILDRENS FOUNDATION 20-8156916

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

Page 4

#### SCHEDULE D' (Form 990)

Department of the Treasury

### Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

▶ Attach to Form 990. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization THE IRISH PUB CHILDRENS FOUNDATION 20-8156916 INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2012

	in (b) must equal Form 990, Part X, col (B) line 15)		<b></b>
Part X	Other Liabilities. See Form 990, Part X	(, line 25	
l	(a) Description of liability	(b) Book value	
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2012 THE IRISH PUB CHILDRENS FOUND	ATION	20-815691	6	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Ret	urn	,
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	·		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		] :	
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts 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		] :	
b	Other (Describe in Part XIII )	4b		] :	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	<del>-</del>	] :	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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			1
b	Other (Describe in Part XIII )	4b	-		
С	Add lines 4a and 4b			4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2012 THE IRISH PUB CHILDRENS FOUNDATION 20-8156916

Part XIII Supplemental Information (continued)

Page 5

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SCHEDULEI (Form 990)

Part

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

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Open to Public Inspection. 2012

Employer identification number 20-8156916 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. THE IRISH PUB CHILDRENS FOUNDATION General Information on Grants and Assistance INC Department of the Treasury Internal Revenue Service Name of the organization

ĺ									
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e amount of the grar	its or assista	ance, the grantees' elig	bility for the grants or a	issistance, and		[	Į
	the selection criteria used to award the grants or assistance?	se,						X Yes	
~	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	toring the use of gra	ant funds in	the United States				]	]
P	Part if Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,	vernments and	d Organiz	zations in the Uni	ted States. Comp	lete if the orgar	ization answered	"Yes" to Form 99	90,
	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	received more t	han \$5,0(	00 Part II can be c	Iuplicated if addition	onal space is ne	pepee		
-	(a) Name and address of organization	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant	ı
	•		Section	- Towns	and the same desired	(DOOK, LIMA, appliated),			

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Police Athletic League of Philadelp Belgrade & Clearfield Sts							Child Recreation
Philadelphia PA 19134	22-3659296	3	47,500				
(2) Police Athletic League Atlan City							
250 N New York Ave							Child Recreation
Atlantic City NJ 08401	22-2507381	3	6,000				
(3) Chelsea Baseball League							
Sovereign & Fairmont Avenues							Child Recreation
Atlantic City NJ 08401	22-3396122	3	6,300				
(4) Police Survivor's Fund							
11630 Caroline Rd		•					Child Support
Philadelphia PA 19154-2110 20-3124928	20-3124928	3	50,000				
(5) Daniel Faulkner Educational Grant							
P O Box 39270					•		Educational
Philadelphia PA 19136	23-2961789	3	20,000				
(6) South Jersey FOP Lodge 56							
235 Pine Ave			•				Educational
West Berlin NJ 08091-1650 23-7373385	23-7373385	3	10,000				
(7) Police Benevolent Assn							
1125 Atlantic Ave							Child Safety
NJ 08401	52-1760761	3	6,100				
(8) Fox Children's Fund							
C/O Continental Bank			-				Support & Education
Plymouth Meeting PA 19462	41-2237951	3	12,500				
(6)							
			-				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

IRISHCHILD 05/08/2013 6 10 PM

Schedule I (F	Schedule   (Form 990) (2012) THE IRISH PUB CHILDRENS FOUNDATION  Part III Grants and Other Assistance to Individuals in the United States. C	B CHILDRENS FO	OUNDATION inted States. Comp	20-8156916 plete if the organization	OUNDATION 20-8156916 nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	Page 2 990, Part IV, line 22
	(a) Type of grant or assistance (b) Number of	(b) Number of	(c) Amount of	(d) Amount of	œ,	(f) Description of non-cash assistance
		recipients	Casilgian	non-cash assistance	Fiviv, appraisar, otner)	
1						
8						
4						
LO.						
ဖ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	nplete this part to provi	ide the information r	equired in Part I, line	2, Part III, column (b), and a	any other additional

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

2012

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service
Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION INC

Employer identification number 20-8156916

Form 990, Part III, Line 4d - All Other Accomplishment

Funds were raised for allocation mainly to other charitable organizations supporting children. The FOP Survivor's Fund supports the education of survivors of those killed in the line of duty protecting Philadelphia. The Daniel Faulkner Memorial Educational Grant Fund provides financial assistance to students whose parents have been murdered or incapacitated by The Temple University Campus Safety Services sponsors an annual Christmas party for children in a North Philadelphia neighborhood and thus provides a supervised recreational activity for children. Police Athletic Leagues of Philadelphia and of Atlantic City provide free educational, athletic, recreational and cultural after-school and summer programs in the safe environment of youth centers. The Boys and Girls Club of Atlantic City works to enable all young people to reach their full potential as productive, caring and responsible citizens. The Chelsea Baseball League is an inner-city youth little league program that promotes a positive sports experience for the children of Atlantic City. The Police Benevolent Association helps support various law enforcement activities and families of fallen heroes. The South Jersey FOP Lodge 56 received funding for scholarships at the Bancroft School of Pediatrics at Voorhees. The Art Sanctuary provides access to cultural and educational programs for inner city residents. The Bucks County Heroes Scholarship Fund provides full four year scholarships for post high school education to children of police officers, firefighters, corrections officers, rescue squads and emergency personnel who were killed or disabled in the line of duty. Buddy Police Athletic League (PAL) for Life Fund provides assistance to

Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION

Employer identification number 20-8156916

pediatric and teen oncology patients and their families. Officer Brian Lorenzo was killed while on duty and left behind a wife and 3 children who were awarded a grant to assist with their support and provide for his childrens' education. The Kevin From Heaven Foundation provides assistance to those facing life altering events and require help in overcoming the challenges that they face. The Police Explorer Leagues were formed to help young men and women learn about career opportunities in the field of law enforcement. The Norris Home Tenant Council helps sponsor a Holiday party for children living in low income housing. The Fox Children's Fund was formed to benefit the family of slain Officer Brad Fox who left behind a young daughter and pregnant wife and provide educational assictance for his children. Key Recreation Inc helps promote and administer recreational services for youth baseball and softball teams. The Camden Fire Police assist wwith traffic control and safety. The Policy Unit Tour Inc Chapter II raises funds for memorials of fallen heroes. The Officer Christopher Reeves Fund provides assistance to the family of a patrolman who was killed in the line of duty.

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

Patrick Liney

Kevin Liney

V P

Director

Brothers

Mark O'Connor

Patrick Liney

President

V P

Brothers-in-Law

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION

Employer identification number 20-8156916

Catherine Burke

Mark O'Connor

Chairperson

President

Business Partners

Megan Liney

Patrick Liney

Secretary

V P

Wife/Husband

Donna Patterson

Patrick Liney

Director

V P

Cousins

Donna Patterson

Kevin Liney

Director

Director

Cousins

Michelle Doerr

John Gallagher

Treasurer

Director

Daughter/Father

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

Patrick D Liney

1383 NATHAN HALE DRIVE

PHOENIXVILLE, PA 19460

Michelle Doerr

222 LAURISTON ST

Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION

Employer identification number 20-8156916

PHILADELPHIA, PA 19128

Robert Stein

166 E LEVERING MILL RD STE 205

BALA CYNWYD, PA 19004

Geoff McKernan

555 NORTH LANE #6060

CONSHOHOCKEN, PA 19428

John Dawson

401 DOMINO LANE

PHILADELPHIA, PA 19128

John Gordon

722 PROVIDENCE RD

ALDEN, PA 19018

Kevin Liney

20 W HILLCREST AVE

HAVWERFORD, PA 19083

JOSEPH SULLIVAN

3339 LESTER RD

PHILADELPHIA, PA 19154

JOHN J GALLAGHER

Name of the organization

THE IRISH PUB CHILDRENS FOUNDATION

Employer identification number 20-8156916

643 TURNER AVE

DREXEL HILL, PA 19026

GREGG MURPHY

101 ANTELOPE DRIVE

MULLICA HILL, NJ 08062

DONNA PATTERSON

33 HEATHER GLEN LANE

DELRAN, NJ 08075

PETER CHARLES BANCROSS

3 BURRELL LANE

CINNAMINSON, NJ 08077

WAYNE BONFIGLIO

63 HUXLEY CIRCLE

MARLTON, NJ 08053

MEGAN LINEY

1383 NATHAN HALE DR

VALLEY FORGE, PA 19003

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 will be reviewed by Michelle Doerr, Treasurer.

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

Any person who has a financial interest in a business that has a transaction arrangement with the Organization must present the details of that transaction to the Board. Those with the financial interest must then leave the room while the remainder of the Board decides whether/not a conflict of interest exists.

The Atlantic City Irish Pub was the final destination for the 65 mile bike ride event, the Tour de Shore. The Atlantic City Irish Pub catered the reception for the more than 2500 participants and was reimbursed \$9500 for food and beverages served to them. The Atlantic City Irish Pub is owned by the Chairperson of the Board of Directors. There was no profit motive associated with this transaction - only reasonable compensation for actual costs incurred of less than \$3.80 per participant.

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

### **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury (99) Internal Revenue Service

► See separate instructions. THE IRISH PUB CHILDRENS FOUNDATION

Attach to your tax return.

179

Name(	s) shown on return THE IRI	ISH PUB CHI	LDRENS FOUND	ATION			ing numb -815	
Busine	ss or activity to which this form relates							
II	<u>ndirect Depreciati</u>			<del></del>				
Pa			erty Under Section					
	Note: If you have a	iny listed property	, complete Part V be	efore you co	<u>omplete Part I</u>		т .	
1	Maximum amount (see instructions	5)					1	500,000
2	Total cost of section 179 property p	placed in service (see	instructions)				2	
3	Threshold cost of section 179 prop	erty before reduction i	n limitation (see instruction	ons)			3	2,000,000
4	Reduction in limitation Subtract line						4	·-·
_5	Dollar limitation for tax year Subtract lin	e 4 from line 1 If zero or	less, enter -0 If married filir	ig separately, see	e instructions		5	
6	(a) Description	n of property	(b) Cos	st (business use onl	y) (c) E	ected cost		
				<del> ·</del>				
7	Listed property Enter the amount f	from line 29			7		,	
8	Total elected cost of section 179 pi	roperty Add amounts	in column (c), lines 6 and	17			8	
9	Tentative deduction Enter the small	aller of line 5 or line 8					9	
10	Carryover of disallowed deduction	•					10	
11	Business income limitation Enter t		•	•	see instructions)		11	
12	Section 179 expense deduction A			ne 11			12	
13	Carryover of disallowed deduction				13		}	
	Do not use Part II or Part III below	<del></del>	<u> </u>		<del></del>			
			nd Other Deprecia			a prope	rty ) (8	see instructions)
14	Special depreciation allowance for		ier than listed property) p	laced in service	е			
	during the tax year (see instruction	•					14	
15	Property subject to section 168(f)(						15	351
16	Other depreciation (including ACR			(Coo	-t\		16	331
_ Pa	rt III MACRS Depreciat	ion (no not incin	de listed property) Section A	(See instruc	tions.)			
	MAGRO 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				<u> </u>		147	0
17	MACRS deductions for assets place	•	• •			. □	17	
<u>18</u>	If you are electing to group any assets placed		rvice During 2012 Tax			cuation S	vstem	
		(b) Month and year	(c) Basis for depreciation	(d) Recovery			, 0.0	·
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	4						
b_	5-year property	4						
<u>C</u> _	7-year property	4						
d_		4						
<u>e</u>	15-year property	4						
f_	20-year property	4						-
<u>g</u>	25-year property			25 yrs		S/I		
h				27 5 yrs	MM	S/I	-	
	property			27 5 yrs	MM	S/I		
i	Nonresidential real	-		39 yrs	MM	S/I		
	property	1	: D : 0040 TY		MM	S/I		
		Ssets Placed in Ser	vice During 2012 Tax Ye	ear Using the	Alternative Depi			<u>1</u>
20a	Class life			40		S/		
	12-year			12 yrs		S/		
	40-year			40 yrs	MM	S/	<u>L</u>	<u> </u>
	art IV Summary (See ins						T	
21	Listed property Enter amount from		40 400 4	/-\  b 04	Catao b		21	
22	Total. Add amounts from line 12, I	-			⊏nter nere			351
	and on the appropriate lines of you	•		e instructions			22	351
23	For assets shown above and place		e current year, enter the		23			
	portion of the basis attributable to		ections					Form <b>4562</b> (2012