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Form

990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation IRISH CARE INC IRISH CARE INC		A Employer identification number  27-1368436	
Number and street (or P O box number if mail is not delivered to street address) 956 BAXTER AVENUE		B Telephone number (see instructions)  (502) 589-7373	
City or town, state, and ZIP code LOUISVILLE, KY 40204		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <div><input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <input checked="" type="checkbox"/> \$ 0		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <input type="checkbox"/> (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	53,608			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV , line 2) . . . .				
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	850		850	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	54,458	0	850	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	1,235			
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	115			
	24 <b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23 . . . . .	1,350	0		0
	25 Contributions, gifts, grants paid . . . . .	51,392			51,392
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	52,742	0		51,392
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	1,716			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-)			850	

Part II

Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	9,157	10,873	
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15	Other assets (describe ▶ _____)			
	16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	9,157	10,873	0
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24	Unrestricted . . . . .	9,157	10,873	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	9,157	10,873	
	31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	9,157	10,873	

Part III

Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	9,157
2	Enter amount from Part I, line 27a . . . . .	2	1,716
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	10,873
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	10,873

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	83,437	11,339	7 358409
2010	40,188		
2009			
2008			
2007			

2	Total of line 1, column (d). . . . .	2	7 358409
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .	3	7 358409
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5. . . . .	4	14,788
5	Multiply line 4 by line 3. . . . .	5	108,816
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	
7	Add lines 5 and 6. . . . .	7	108,816
8	Enter qualifying distributions from Part XII, line 4. . . . . If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions	8	51,392

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
		Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	0
c		All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	
3		Add lines 1 and 2. . . . .		3	
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		5	
6		Credits/Payments			
a		2012 estimated tax payments and 2011 overpayment credited to 2012	6a		
b		Exempt foreign organizations—tax withheld at source . . . . .	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld . . . . .	6d		
7		Total credits and payments Add lines 6a through 6d. . . . .		7	
8		Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	
11		Enter the amount of line 10 to be Credited to 2013 estimated tax <input type="checkbox"/>	Refunded <input type="checkbox"/>	11	

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .			No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?. . . . .	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?. . . . .	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> KY _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	9	Yes	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 	10	Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶N/A				
14	The books are in care of ▶THOMAS O'SHEA Telephone no ▶(502) 589-7373 Located at ▶956 BAXTER AVENUE 956 BAXTER AVENUE LOUISVILLE KY ZIP +4 ▶40204			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	16		No
See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?. . . . .	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . .	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.</i> ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b		
Organizations relying on a current notice regarding disaster assistance check here.		<input checked="" type="checkbox"/>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b No		
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS O'SHEA 956 BAXTER AVENUE LOUISVILLE, KY 40204	DIRECTOR 5 00	0	0	0
MICHAEL O'SHEA 956 BAXER AVENUE LOUISVILLE, KY 40204	DIRECTOR 5 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. . . . .		

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 BICYCLES FOR FAMILY SCHOLAR HOUSE EACH YEAR IRISH CARE PURCHASES BIKES AND TOYS TO DISTRIBUTE TO THE COMMUNITY TO UNDERPRIVILEGED CHILDREN IN 2012, THE BIKES AND TOYS WERE DISTRIBUTED TO CHILDREN LIVING IN THE FACILITIES OF FAMILY SCHOLAR HOUSE FAMILY SCHOLAR HOUSE IS CHANGING LIVES, FAMILIES ADN COMMUNITIES THROUGH EDUCATION THEIR MISSION IS TO END THE CYCLE OF POVERTY BY GIVING SINGLE- PARENT STUDENTS THE SUPPORT THEY NEED TO EARN A FOUR YEAR COLLEGE DEGREE	6,341
2 CARWOOD ANDREW KUERZI - JUNE 18, 2012 MARTY AND ASHLEY KUERZI WELCOMED THEIR FIRST BORN, CARWOOD ANDREW, ON AUGUST 18, 2009 CARWOOD WAS DIAGNOSED WITH SPINA BIFIDA BEFORE HE WAS BORN AND THE FINANCIAL STRAIN THIS CONDITION HAS CAUSED HAS BEEN DIFFICULT O THE FAMILY WHILE THE SPINA BIFIDA FOUNDATION HAS HELPED OFFSET SOME OF THE COSTS, THE FINANCIAL BURDEN WILL CONTINUE TO EXIST AS CARWOOD REACHES NEW DEVELOPMENTAL MILESTONES ASSOCIATED WITH THE ILLNESS IN 2012, HE WILL NEED HIS FIRST WHEELCHAIR COSTING 5,000 AND HIS 2ND SET OF ORHTODONTICS COSTING 4,500 FUNDS RAISED TODAY WILL GO TOWARD MOUNTING MEDICAL BILLS THE KUERZI FAMILY HAS INCURRED	3,000
3 LESLIE MOISE - SEPTEMBER 10, 2012 ON SEPTEMBER 10TH, O'SHEAS ON BAXTER WILL DONATE 100% OF THE DAY'S PROCEEDS TO THE FUND TO HELP LESLIE HEAL LESLIE MOISE IS A LOCAL LOUSIVILLE AUTHOR, WHO SUFFERED A STROKE BEFORE MEMORIAL DAY WEEKEND WHILE AT THE HOSPITAL, LESLIE WAS DIAGNOSED WITH DIABETES AND HIGH BLOOD PRESSURE SHE IS UNINSURED, AND COULDN'T AFFORD THE FOLLOW-UP DOCTORS VISITS, MEDICINE AND ESSENTIALS FORMERLY A CAREGIVER FOR HER PARENTS, HER FATHER WAS HOSPITALIZED AT THE SAME TIME FOR WALKING PNEUMONIA AND HEART ATTACK BOTH ARE DOINGWELL TODAY, BUT LESLIE'S CIRCUMSTANCES ARE FOREVER CHANGED, AND SHE NEEDS YOUR SUPPORT HELP LESLIE HEAL FUND GOES FOR MEDICAL BILLS AND NECESSITIES ESSENTIAL TO HER CONTINUED RECOVERY HER PRESCRIBED OUT-PATIENT THERAPY ALONE COST A MINIMUM OF 6,000 ADN HER MEDICINES COST BETWEEN 320 & 340 PER MONTH LESLIE'S BOOK, LOVE IS A THREAD, IS AVAILABLE ON AMAZON COM FOR MORE INFORMATION ABOUT LESLIE, CHECK OUT WWW.LESIEMOISE.COM	2,500
4 WATER WITH BLESSINGS - MAY 14, 2012 SAFE WATER IS A FUNDAMENTAL HUMAN RIGHT YET, AROUND THE PLANET, PEOPLE OF ALL AGES FALL ILL AND DIE BECAUSE OF CONTAMINATED WATER THE WORLD HEALTH ORGANIZATION ATTRIBUTES TWO MILLION DEATHS ANNUALLY TO UNSAFE WATER, SANITATION AND HYGIENE TWO MILLION PEOPLE THAT'S ROUGHLY THE POPULATION OF HOUSTON, TEXAS THINK ABOUT THAT FOR A MOMENT EVERY YEAR, WE LOSE THE EQUIVALENT OF THE CITY OF HOUSTON TO SOMETHING AS SIMPLE AS DIRTY WATER TOO OFTEN, WE ASSUME THE ANSWER TO THIS MURKY PROBLEM IS THE DRINKING WATER MARKET - TAP WATER, BOTTLED WATER JUST BUY SAFE WATER WATER IS AVAILABLE, ATA PRICE BUT THIS PRICE IS BEYOND THE SCOPE OF MOST OF WHO NEEDIT TOO OFTEN, FAMILIES MUST CHOOSE FOOD OR WATER? MEDICAINE OR WATER? TRANSPORTATION OR WATER? SCHOOL SUPPLIES OR WATER? THE BETTER QUESTION IS WHY SHOULD THEY HAVE TO CHOOSE? TAP WATER IS A LUXURY MANY DO NOT HAVE, AND BOTTLED DRINKING WATER IS NOT A LONG TERM SOLUTION WWB FOUND A SOLUTION THAT EMPOWE	2,000

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See page 24 of the instructions	
3	
Total. Add lines 1 through 3. . . . .	



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	15,013
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	Total (add lines 1a, b, and c). . . . .	1d	15,013
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	15,013
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	225
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	14,788
6	Minimum investment return. Enter 5% of line 5. . . . .	6	739

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	
2a	Tax on investment income for 2012 from Part VI, line 5. . . . .	2a	
b	Income tax for 2012 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	51,392
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	51,392
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	51,392
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only. . . . .				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2012				
a From 2007. . . . .				
b From 2008. . . . .				
c From 2009. . . . .				
d From 2010. . . . .				
e From 2011. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ \$ 51,392				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .				
c Treated as distributions out of corpus (Election required—see instructions). . . . .				
d Applied to 2012 distributable amount. . . . .				
e Remaining amount distributed out of corpus	51,392			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	51,392			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013. . . . .				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a. . . . .				
10 Analysis of line 9				
a Excess from 2008. . . .				
b Excess from 2009. . . .				
c Excess from 2010. . . .				
d Excess from 2011. . . .				
e Excess from 2012. . . .				

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☒ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2012	(b) 2011	(c) 2010	(d) 2009	
		739				739
b	85% of line 2a	628				628
c	Qualifying distributions from Part XII, line 4 for each year listed.	51,392	83,437	40,188		175,017
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.	51,392	83,437	40,188		175,017
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.	493	378			871
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail of the person to whom applications should be addressed

THOMAS O'SHEA  
4535 SOUTHERN PARKWAY  
LOUISVILLE, KY 40214  
(502) 589-7373

b

The form in which applications should be submitted and information and materials they should include

WRITTEN REQUEST FOR SUPPORT OUTLINING NEED AND CIRCUMSTANCES

c

Any submission deadlines

N/A

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

AVAILABLE FUNDS

Form 990-PF (2012)

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	51,392
b Approved for future payment				
Total . . . . .			3b	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . .					
<b>3</b>	Interest on savings and temporary cash investments					
<b>4</b>	Dividends and interest from securities. . . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory. .					
<b>11</b>	Other revenue <b>a</b> <u>UNCASHED VOIDED CHECKS</u>					850
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal. Add columns (b), (d), and (e). .					850
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .					850

[illegible]

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received			

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign  
Here**

**Paid  
Preparer  
Use Only**

<div> <div>Sign Here</div> <div> <div>*****</div> <div>Signature of officer or trustee</div> </div> <div> <div>2013-09-10</div> <div>Date</div> </div> </div>	<div> <div>*****</div> <div>Title</div> </div> <div> <div>May the IRS discuss this return with the preparer shown below (see instr. )?</div> <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div> </div>				
	<div> <div>Print/Type preparer's name</div> <div>LEWIS M REYMAN</div> </div>	<div> <div>Preparer's Signature</div> <div>LEWIS M REYMAN</div> </div>	<div> <div>Date</div> <div>2013-09-11</div> </div>	<div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div>	<div> <div>PTIN</div> </div>
<div> <div>Paid Preparer Use Only</div> </div>	<div> <div>Firm's name</div> <div>LEWIS M REYMAN CPA</div> </div>			<div> <div>Firm's EIN</div> </div>	
	<div> <div>1074 COPPERFIELD DR</div> <div>GEORGETOWN, IN 47122</div> </div>			<div> <div>Phone no (812) 951-2708</div> </div>	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2012

<b>Name of the organization</b> IRISH CARE INC IRISH CARE INC	<b>Employer identification number</b> 27-1368436
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Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> IRISH CARE INC IRISH CARE INC	<b>Employer identification number</b>  27-1368436
---	---

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	O 'SHEA'S BAXTER FLANAGAN'S 934 BAXTER AVENUE  LOUISVILLE, KY 40204	\$ 8,266	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>2</u>	O 'SHEAS TRADITIONAL INC 956 BAXTER AVENUE  LOUISVILLE, KY 40204	\$ 14,096	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>3</u>	ANHEUSER BUSCH COMPANIES LLC ONE BUSCH PLACE  ST LOUIS, MO 63118	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>  </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>  </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>  </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
<u>  </u>		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )



<b>Name of organization</b> IRISH CARE INC IRISH CARE INC	<b>Employer identification number</b>  27-1368436
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<b>Part II</b>	<b>Noncash Property</b> (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

<b>Name of organization</b> IRISH CARE INC IRISH CARE INC	<b>Employer identification number</b>  27-1368436
---	---

Part III

**Exclusively** religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions ) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div> <div>Relationship of transferor to transferee</div>		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div> <div>Relationship of transferor to transferee</div>		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div> <div>Relationship of transferor to transferee</div>		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div> <div>Relationship of transferor to transferee</div>		

TY 2012 Accounting Fees Schedule

**Name:** IRISH CARE INC  
IRISH CARE INC  
**EIN:** 27-1368436

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PREPARATION OF FORM 990PF	1,098			
OTHER ACCOUNTING FEES	137			

TY 2012 Compensation Explanation

**Name:** IRISH CARE INC  
IRISH CARE INC  
**EIN:** 27-1368436

Person Name	Explanation
THOMAS O'SHEA	
MICHAEL O'SHEA	

TY 2012 Other Expenses Schedule

**Name:** IRISH CARE INC  
IRISH CARE INC  
**EIN:** 27-1368436

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
FILING FEES	15			
PROMOTIONAL EXPENSES	100			

TY 2012 Other Income Schedule

**Name:** IRISH CARE INC  
IRISH CARE INC  
**EIN:** 27-1368436

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
UNCASHED VOIDED CHECKS	850		850

**TY 2012 Substantial Contributors Schedule****Name:** IRISH CARE INC

IRISH CARE INC

**EIN:** 27-1368436

<b>Name</b>	<b>Address</b>
O'SHEAS TRADITIONAL INC	956 BAXTER AVENUE LOUISVILLE, KY 40204
O'SHEAS BAXTER INC	934 BAXER AVENUE LOUISVILLE, KY 40204
O'SHEAS DOWNTOWN GROUP LLC	956 BAXTER AVENUE LOUISVILLE, KY 40204
ANHEUSER BUSCH	ONE BUSCH PLACE ST LOUIS, MO 63118

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
4 PAWS FOR ABILITY 253 DAYTON AVENUE 253 DAYTON AVENUE XENIA,OH 45385	NONE	PAID	AID CAMERON QUINN PAY FOR ALERT DOG	900
A CHANCE FOR CHANCE 2307 RUNNING BROOK TRAIL 2307 RUNNING BROOK TRAIL FISHERVILLE,KY 40023	NONE	PAID	ASSIST WITH LEARNING RX TRAINING	1,500
ALZHEIMERS DISEASE ASSOCIATION 225 N MICHIGAN AVE 700 225 N MICHIGAN AVE 7 CHICAGO,IL 60607	NONE	PAID	RESEARCH	215
ANCIENT ORDER OF HIBERNIANS C/O ANCIENT ORDER OF HIBE C/O ANCIENT ORDER OF HIBE LOUISVILLE,KY 40204	NONE	PAID	ASSIST W/RESOURCES IN COMMUNITY	1,085
ASHLEY KUERZI C/O 956 BAXTER AVENUE C/O 956 BAXTER AVENUE LOUISVILLE,KY 40204	NONE	PAID	ASSIST MEDICAL BILLS	3,000
BICYCLES C/O 956 BAXTER AVENUE C/O 956 BAXTER AVENUE LOUISVILLE,KY 40204	NONE	PAID	BICYCLES & TOYS TO UNDERPRIVILEGED	6,341
BOB MURPHY 956 BAXTER AVENUE 956 BAXTER AVENUE LOUISVILLE,KY 40204	O'SHEA - GUEST	PAID	AID IN MEDICINE EXPENSE	1,500
CHRISTOPHER 2X- RAISING CHAMPIONS C/O 956 BAXTER AVE C/O 956 BAXTER AVENUE LOUISVILLE,KY 40204	NONE	PAID	ADVOCACY TO END WEST-END VIOLENCE	2,000
COLE DURHAM C/O 956 BAXTER AVE C/O 956 BAXTER AVENUE LOUISVILLE,KY 40204	NONE	PAID	TO AID IN PAYING MEDICAL BILLS	800
COURTNEY HEDGES C/O OSHEAS DOWNTOWN 956 BAXTER AVENUE LOUISVILLE,KY 40204	O'SHEA EMPLOYEE	PAID	AID WITH MEDICAL BILLS	1,500
DREAM FACTORY 120 W BROADWAY STE 300 120 W BROADWAY STE 300 LOUISVILLE,KY 40202	NONE	PAID	GRANT DREAMS TO TERMINALLY ILL KIDS	800
EMILY CAUDILL C/O 956 BAXTER AVENUE C/O 956 BAXTER AVENUE LOUISVILLE,KY 40204	NONE	PAID	HELP PAY MEDICAL BILLS	2,000
FAMILY SCHOLAR HOUSE SAFE PROGRAM 806 EAST CHESTNUT STREET 806 EAST CHESTNUT STREET LOUISVILLE,KY 40204	NONE	PAID	AID TO END THE CYCLE OF POVERTY	1,500
HEUSER HEARING AND LANGUAGE ACADEMY 115 EAST KENTUCKY STREET 115 EAST KENTUCKY STREET LOUISVILLE,KY 40203	NONE	PAID	AID WITH DEAF STUDENT ACTIVITIES	870
HIGHLAND COMMUNITY MINISTRIES 917 EASTERN STAR CT 917 EASTERN STAR CT LOUISVILLE,KY 40204	NONE	PAID	ASSIST W/RESOURCES IN COMMUNITY	2,000



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HIGHLANDS FESTIVAL NEIGHBORHOOD W JEFFERSON ST W JEFFERSON STREET LOUISVILLE,KY 40202	NONE	PAID	ASSIST W/RESOURCES IN COMMUNITY	7,471
JAMES GRAHAM BROWN CANCER CENTER 529 S JACKSON STREET 529 S JACKSON STREET LOUISVILLE,KY 40202	NONE	PAID	MEDICAL RESEARCH	260
JORENA FAULKNER C/O 956 BAXTER AVE C/O 956 BAXTER AVENUE LOUISVILLE,KY 40204	NONE	PAID	AID IN TREATMENT FOR CELIAC DISEASE	800
KIDS AGAINST HUNGER 4209 GARDINER VIEW AVENUE 4209 GARDINER VIEW AVENUE LOUISVILLE,KY 40213	NONE	PAID	PROVIDE 15,500 MEALS IN AFRICA	1,200
LESLIE MOISE C/O 956 BAXTER AVE C/O 956 BAXTER AVE LOUISVILLE,KY 40204	NONE	PAID	ASSIST WITH MEDICAL BILLS	2,500
MEYZEEK MIDDLE SCHOOL 828 SOUTH JACKSON STREET 828 SOUTH JACKSON STREET LOUISVILLE,KY 40203	NONE	PAID	AID 8TH GRADERS WITH FIELD TRIP FEES	600
MS WHEELCHAIR KENTUCKY 725 EAST CHECSTNUT 8 725 EAST CHESTNUT 8 LOUISVILLE,KY 40202	NONE	PAID	ASSIST IN COSTS	50
NANCY ANN SOARDS 5304 PLANK DR 101 5304 PLANK DR 101 LOUISVILLE,KY 40219	NONE	PAID	AID WITH MEDICAL BILLS	1,200
NIGHT OUT FOR NATIVITY 529 E LIBERTY STREET 529 E LIBERTY STREET LOUISVILLE,KY 40202	NONE	PAID	ASSIST W/RESOURCES IN COMMUNITY	1,500
SAFY 4010 DUPONT CIRCLE 4010 DUPONT CIRCLE LOUISVILLE,KY 40207	NONE	PAID	ASSIST W/RESOURCES IN COMMUNITY	1,500
SEVEN COUNTIES SERVICES 101 W MUHAMMAD ALI BLVD 101 W MUHAMMAD ALI BLVD LOUISVILLE,KY 40202	NONE	PAID	AID WITH NEW AUTISM PROGRAM	1,200
SUPPORTING EPILEPSY IN GUIDING EPIL C/O UNITED CHARITABLE PRO C/O UNITED CHARITABLE PRO FALLS CHURCH,VA 22044	NONE	PAID	SUPPORT PEOPLE WHO SUFFER SEIZURES	1,000
THE HEALING PLACE 1020 WEST MARKET 1020 WEST MARKET LOUISVILLE,KY 40202	NONE	PAID	REACH ADULTS WITH ALCOHOL & DRUG DEP	800
THE MORTON CENTER 1028 BARRETT AVENUE 1028 BARRETT AVENUE LOUISVILLE,KY 40204	NONE	PAID	NONPROFIT OUTPATIENT FACILITY	800
VIVIAN ROWE 2048 FRANKFORT AVENUE 2048 FRANKFORT AVE LOUISVILLE,KY 40206	NONE	PAID	AID WITH MEDICAL BILLS FOR EYE INJUR	1,000

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WADIS CARTER 956 BAXTER AVE 956 BAXTER AVENUE LOUISVILLE, KY 40204	OSHEAS EMPLOYEE	PAID	AID WITH FUNERAL EXPENSE OF MOTHER	1,000
WATER WITH BLESSINGS 400 TUCKER STATION ROAD 400 TUCKER STATION ROAD LOUISVILLE, KY 40243	NONE	PAID	WATER TREATMENT FOR 3RD WRODL	2,000
VOLUNTEERS OF AMERICA 933 GOSS AVENUE 933 GOSS AVENUE LOUISVILLE, KY 40217	NONE	PAID	COMUNITY SUPPORT	500
<b>Total . . . . .</b>  <b>3a</b>				51,392