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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning <u>July 1</u> , 2012, and ending <u>June 30</u> , 20 <u>13</u>	
B Check if applicable: ☐ Address change ☐ Name change ☒ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization <u>Irish Dance Teachers Association of North America-Southern Region</u> Doing Business As _____ Number and street (or P O box if mail is not delivered to street address) Room/suite <u>138 Maumelle Valley Drive</u> City, town or post office, state, and ZIP code <u>Maumelle, AR 72113</u>
	D Employer identification number <u>62-1782051</u>
	E Telephone number <u>(870) 413-2269</u>
	G Gross receipts \$ <u>236,405</u>
	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☒ Yes ☐ No If "No," attach a list (see instructions)
F Name and address of principal officer <u>Judy McCafferty</u> <u>138 Maumelle Valley Drive, Maumelle, AR 72113</u>	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
J Website: ▶ <u>www.idtana-southernregion.com</u>	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation <u>1999</u> M State of legal domicile <u>TN</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>Promotion of Irish Cultural Activities</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>7</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>7</u>
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<u>5</u>	<u>0</u>
	6 Total number of volunteers (estimate if necessary)	<u>6</u>	<u>102</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>825</u>
	b Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	-0-	-0-
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13400	231,66
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6	825
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32891	4114
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46297	236405
	14 Benefits paid to or for members (Part IX, column (A), line 4)	-0-	13750
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-0-	-0-
	16a Professional fundraising fees (Part IX, column (A), line 11e)	-0-	-0-
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	-0-	-0-
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44129	145427
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	44129	159177
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	2168	77228
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	152894	230122
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Patrick J. McCafferty</u>	Date <u>4/13/2014</u>
	Type or print name and title <u>PATRICK J. McCAFFERTY, TREASURER</u>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

0425887281
Apr. 10, 2014 LTR 2694C 0 R
62-1782051 201306 67
00025311

IRISH DANCE TEACHERS ASSOCIATION OF
NORTH AMERICA-SOUTHERN REGION
138 MAUMELLE VALLEY DRIVE
MAUMELLE AR 72113

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Patrick J. Mc Cafferty
Signature of officer or trustee

4/13/2014
Date

TREASURER
Title