Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

		OCCO I I		2000	<i>D</i> . <i>v</i>		
=			r year, or tax year beginning January 1	, 2020, and ending		er-314 7, 20 % (20)	
\bullet	Check if a	• •	C Name of organization	Į'	D Employer identification number		
Address change			Serving Ireland Foundation Number and street (or P O, box if mail is not delivered to street address) ? Room/suite			820889786	
H	Name cha Initial retu	•	E Telephone i				
Ħ		m/terminated	5	17-285-1689			
	Amended	f return	Group Exe	· _			
	Application	on pending	Lansing, Michigan 48909-5112	091	Number	▶ ?	
G	Accoun	ting Method:	✓ Cash	Н С	heck 🕨 🗌	if the organization is not	
	Website		girelandfoundation.com		•	tach Schedule B	
<u>J 1</u>	ax-exer	mpt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐527 (F	orm 990, 99	0-EZ, or 990-PF).	
		_	☑ Corporation ☐ Trust ☐ Association			······	
			7b to line 9 to determine gross receipts. If gross receipts a	are \$200,000 or more, or if total a	ssets		
(Pa	rt II, col		500,000 or more, file Form 990 instead of Form 990-EZ		▶ ;	139,720	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or	Fund Balances (see the in	nstruction	s for Part I) 🔽	
			the organization used Schedule O to respond to	any question in this Part I.	· · ·	<u> </u>	
?	1	Contribution	ns, gifts, grants, and similar amounts received	<u>.</u>	. 1	139,720	
?	1	Program se	rvice revenue including government fees and contr	agts	. 2		
?		Membersh	p dues and assessments . /< "Ap 🦸 . 🗅	XO 🔍	. 3	n	
?	4	Investment	rvice revenue including government fees and control dues and assessments		. 4	4	
	5a	Gross amo	unt from sale of assets other than in contor.	7. /s/ 5a			
	b		or other basis and sales expenses	/6/ 5b		r	
	С	Gain or (los	s) from sale of assets other than inventory (subtrac	Nige 6b from line 5a)	. <u>5c</u>	<u> </u>	
	6	_	d fundraising events:				
•	а	Gross inco	me from gaming (attach Schedule G if great	than	- 2		
į		\$15,000) .		· · 6a			
Revenue	b	Gross inco	ne from fundraising events (not including \$	of contributions			
38			ising events reported on line 1) (attach Schedule		، و د		
5		sum of suc	n gross income and contributions exceeds \$15,000) 6b			
9	С	Less: direc	expenses from gaming and fundraising events .	6c			
	d	Net income	or (loss) from gaming and fundraising events (ac	ld lines 6a and 6b and subt	ract		
	ĺ	lıne 6c) .			· 6d		
	7a	Gross sales	of inventory, less returns and allowances	7 a			
	b	Less: cost	of goods sold	7b			
	С	Gross profi	or (loss) from sales of inventory (subtract line 7b fr	om line 7a)	. 7c		
	8	Other rever	ue (describe in Schedule O)		. 8		
	9	Total rever	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	▶ 9	139,720	
	10		similar amounts paid (list in Schedule O)		. 10	135,268	
	11	Benefits pa	d to or for members		. 11		
es	12	Salaries, ot	ner compensation, and employee benefits 🔼		. 12		
Expenses	13	Professiona	I fees and other payments to independent contract	ors 🚰	. 13		
ğ	14	Occupancy	rent, utilities, and maintenance		. 14		
Ω	15	Printing, pu	blications, postage, and shipping		. 15	51 ·	
	16	Other expe	nses (describe in Schedule O) 🛂		. 16	1,093	
_	17	Total expe	nses. Add lines 10 through 16	<u> </u>	▶ 17	136,412	
Ś	18	Excess or (deficit) for the year (subtract line 17 from line 9) .		. 18	3,308	
set	19		or fund balances at beginning of year (from line 2	7, column (A)) (must agree v	vith		
AS		end-of-yea	figure reported on prior year's return)		· 19	2,910	
Net Assets	20	Other chan-	ges in net assets or fund balances (explain in Sched	lule O)	. 20	0	
<u>z</u>	21	Net assets	or fund balances at end of year. Combine lines 18 t	hrough 20	▶ 21	6,218	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2020)



Form 990-EZ (2020) Serving Ireland Foundation 82-0889786

?		990-EZ (2020)							Page 2
	Pa			ee the instructions			 		
		Che	eck if the organiza	ation used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
							(A) Beginning of year		(B) End of year
	22	Cash, sa	vings, and investm	nents			2,910	22	6,218
	23	Land and	buildings			[23	
	24			chedule O)				24	
	25	Total as:	sets			[2,910	25	6,218
	26	Total lial	bilities (describe in	n Schedule O)				26	
	27			es (line 27 of column			2,910	-	6,218
?	Par			am Service Accom					
				ation used Schedule					Expenses
	Wha				See Schedule O	7 4			uired for section
		_	•			f .A. Abas . Isaa			c)(3) and 501(c)(4) inizations; optional for
				am service accomplis clear and concise m				othe	
				ant information for ea		s services provided	i, the number of		,
?	28	See Schedu	ula O						Τ
_	20	See Sched							
		/O-c-+- ^		C 240) If this	includes for the	nato object to a con-		00-	
	?			5,268) If this amount				28a	
	29								
							·	_	
		(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🛛	29a	<u> </u>
	30								
		(Grants \$	🕨 🗆	30a					
	31	Other prog							
		(Grants \$	•		includes foreign gra			31a	
	32		ram service expe	nses (add lines 28a t	hrough 31a)		🕨	32	0
				ors, Trustees, and Key				struc	tions for Part IV)
									•
			eck if the organiza	ition used Schedule	O to respond to ar				🗆
			eck if the organiza	ition used Schedule		y question in this (c) Reportable	Part IV	<u></u>	
			? (a) Name and title		O to respond to ar (b) Average hours per week	(c) Reportable compensation	Part IV	 e (e)	Estimated amount of
		1			(b) Average	y question in this (c) Reportable	Part IV	 e (e)	
	Alan		? (a) Name and title	,	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employed benefit plans, and	 e (e)	Estimated amount of
	Alan	Cullen, Pres	? (a) Name and title		(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	(e) O	Estimated amount of ther compensation
		Cullen, Pres	? (a) Name and title	,	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	Part IV	 e (e)	Estimated amount of
			? (a) Name and title	,	(b) Average hours per week devoted to position	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV		Estimated amount of ther compensation
	Kelly	Cullen, Pres	(a) Name and title	,	(b) Average hours per week devoted to position .5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	(e) O	Estimated amount of ther compensation
	Kelly	Cullen, Pres	? (a) Name and title	,	(b) Average hours per week devoted to position .5	y question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0
	Kelly	Cullen, Pres Cullen, Vice	(a) Name and title sident President rth, Treasurer	,	(b) Average hours per week devoted to position .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV		Estimated amount of ther compensation
	Kelly	Cullen, Pres	(a) Name and title sident President rth, Treasurer	,	(b) Average hours per week devoted to position .5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of their compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5	y question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of their compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of their compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0
•	Kelly Rona Natal	Cullen, Pres Cullen, Vice ald R. Willma	(a) Name and title sident President rth, Treasurer , Secretary	,	(b) Average hours per week devoted to position .5 .5 .5	ny question in this (c) Reportable ? compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	0 0	Estimated amount of ther compensation 0 0 0

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		l	
_	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a)	~
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	4_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a pnor year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		1	
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		~
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
c	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶ Michigan			
12a		17-28	5-1689	,
b	Located at ► 3885 Binghampton Drive, Okemos, Michigan ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u></u>
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
]	Yes	No
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		_
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	0		<u></u>
-	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
15a				
l5a h		45a		
l5a b	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," Form 990 and Schedule R may need to be completed instead of	43a		

Form 99	0-EZ (2	2020) Deving Irela	end Jour	datun	82-	088978	86	Р	age 4
46	Did t	the organization engage, directly or in	directly, in political c	ampaign activities	on behalf	of or in oppositi	on	Yes	
_		andidates for public office? If "Yes," c							~
Part \	/I	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s must answer que			•		or line	 ∍s
		Oneck ii are organization used Ger	reduce O to respond	to any question	in this ran		<u> </u>	Yes	No
		the organization engage in lobbying ? If "Yes," complete Schedule C, Part		section 501(h) elec		ect during the t	ax 47		~
48	Is the	e organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," comple	ete Schedul	eE	48		V
		he organization make any transfers to	•	_			<u> </u>	<u> </u>	
50	Com	es," was the related organization a se plete this table for the organization's oyees) who each received more than	five highest compens	sated employees (other than	officers, directo			d key
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimate other com		
None									
						1			
·	· 								
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
51	Com \$100	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compensation. If there is no	ensated independene, enter "None."				·	than
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service	(c) (Compensation	on 	
Vone									
·						•			
				<u></u>			,		
					·· ·				
·									
d	Total	number of other independent contract	ctors each receiving	over \$100,000 .	. •	0			
52	Did 1	the organization complete Schedul	-		-		a ☑ Yes	□ N	lo
Inder pe	nalties ect, an	of perjury, I declare that I have examined this red complete. Declaration of preparer tother than	eturn, including accompany officer) is based on all info	ring schedules and state	ements, and to rer has any kn	o the best of my kno owledge	wledge and	belief, r	t is
<u> </u>		honded h. W	illmart.			March	12 3	20	<u>a</u> (
Sign		Signature of officer				Date	7		_
tere i		Ronald R. Willmarth, Treasurer Type or print name and title							
	Щ,	Print/Type preparer's name	Preparer's signature		Date		PTIN	·	
Paid	المحد	Time type preparer straine				Check L	rt		
Prepa Jse C		Firm's name ▶				Firm's EIN ▶			
		Firm's address ▶				Phone no.			
/lay the	IRS	discuss this return with the preparer	shown above? See in	nstructions	<u> </u>	.	☐ Yes		0

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	lame of the organization Employer identification number							
	ng Ireland Foundation						89786	
Pai							ons.	
The (organization is not a private found A church, convention of church A school described in section A hospital or a cooperative ho A medical research organizati	ches, or associat n 170(b)(1)(A)(ii). ospital service or	ion of churches descr (Attach Schedule E (F ganızatıon described	ribed in se Form 990 in sectio n	ection 17 or 990-E n 170(b)(70(b)(1)(A)(i). Z).) 1)(A)(iii).	(iii). Enter the	
	hospital's name, city, and stat	-	•	•				
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in	
6 7								
8	A community trust described	ın section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:	ant college of agi	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fuit income and un	inctions, subject to ce related business taxa	ertain exc ble incon	eptions; a ne (less s	and (2) no more than ection 511 tax) from	331/3% of its	
11	An organization organized and	•		_				
12	2 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	jority of t			
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same				
С	Type III functionally integ its supported organization						ally integrated with,	
h	Type III non-functionally that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from ti oporting (ne IRS tha organizat	at it is a Type I, Type ion.	e II, Type III	
f	Enter the number of supported							
<u>_</u>	Provide the following information	,	T					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
		 	 					

instructions . . .

Sluing Ireland Foundation 82-0889786

Par							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify und	ler the tests lis	ted below, pl	lease comple	te Part III.)	
	ion A. Public Support						- -
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")		21 744	102 725	100 ((0	120 720	452.001
2	Tax revenues levied for the		21,766	182,735	108,660	139,720	452,881
2	organization's benefit and either paid to		1	}			
	or expended on its behalf		o	o	ol	o	
3	The value of services or facilities		1				
	furnished by a governmental unit to the			ļ			
	organization without charge		o	o	О	О	
4	Total. Add lines 1 through 3		21,766	182,735	108,660	139,720	452,881
5	The portion of total contributions by						
	each person (other than a		1		1	[
	governmental unit or publicly						
	supported organization) included on				j		
	line 1 that exceeds 2% of the amount		i i	ł	İ	İ	
_	shown on line 11, column (f)						225,638
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support		<u> </u>	1			227,243
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(4) 2010	21,766	182,735	108,660	139,720	452,881
8	Gross income from interest, dividends,				.,,,,,,,		
_	payments received on securities loans,		1	İ		1	
	rents, royalties, and income from						
	similar sources		o	o	o	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on		0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						•
44	Total support. Add lines 7 through 10		0	0	0	0	<u>0</u> 452,881
11 12	Gross receipts from related activities, etc.	(see instructi	ons)			12	432,881
13	First 5 years. If the Form 990 is for the	•	•	third, fourth.	or fifth tax vea		
	organization, check this box and stop her	•			= = = = = = = = = = = = = = = = = = =		
Secti	on C. Computation of Public Suppor	t Percentag	je	· · · · · · · · · · · · · · · · · · ·			
14	Public support percentage for 2020 (line 6	6, column (f), c	divided by line 1	1, column (f))	[14	%
15	Public support percentage from 2019 Sch					15	%
16a	33 ¹ / ₃ % support test—2020. If the organi						
	box and stop here. The organization qual						
b	33 ¹ / ₃ % support test—2019. If the organization this box and stop here. The organization	qualifies as a	publicly suppor	ted organization	on		▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the	eets the facts	-and-circumsta	nces test, che	ck this box ar	id stop here.	Explain ın
	organization			-	=	-	▶ 🗆
b	10%-facts-and-circumstances test – 20	119. If the ora	anization did ne	ot check a box	on line 13, 16	sa, 16b, or 17a	, and line
-	15 is 10% or more, and if the organization in Part VI how the organization meets the	n meets the fa	acts-and-circun rcumstances te	nstances test, o st. The organiz	check this box ation qualifies	and stop her	e. Explain
	organization						· · • 🗖
18	Private foundation. If the organization of	tid not check	a box on line	13 16a 16b.	17a, or 17b, o	cneck this box	and see

Schedu	ule A (Form 990 or 990-EZ) 2020	I Sheld	end a	pundal	on 82.	-08897	786 Page 3
Part	·-————————————————————————————————————	1					/ / /
	(Complete only if you checked the				nization failed	d to qualify u	nder Part II.
	If the organization fails to qualify						
Sect	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
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						
	Total. Add lines 1 through 5						
6 7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					<u> </u>	
D	received from other than disqualified			Y I			
	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.)						
Secti	on B. Total Support		/				
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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	, , , , , , , , , , , , , , , , , , , ,			j			
	section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	1			}		
	activities not included in line 10b, whether or not the business is regularly carried on						
10	· / /						
12	Other income. Do not include gain or loss from the sale of capital assets	1			ļ		
	(Explain in Part VI.)	1	{	[- 1		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		i			1	
14	First 5 years. If the Form 990 is for the	organization's	first, second	third, fourth.	or fifth tax ve	ar as a sectio	n 501(c)(3)
• •	organization, check this box and stop her	_			_		
Secti	on C. Computation of Public Suppor						<u></u>
15	Public support percentage for 2020 (line 8			13, column (f))		15	%
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2020 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2019	Schedule A, P	art III, line 17			18	%
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	orted organizati	on . ▶ 🗌
b	331/6% support tests-2019. If the organization						
	line 18 is not more than 331/3%, check this b	•	-	•	, -	· · · -	
20 /	Private foundation. If the organization did	not check a b	oox on line 14,	19a, or 19b, c	heck this box	and see instru	ctions 🕨 🗌
7				<u></u>	Sch	edule A (Form 990	or 990-EZ) 2020

Sahadu	ole A (Form 990 or 990-EZ) 2020 Drving Ireland Foundation 82-088	アフ	26	a 1
Part	Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	ete Se rt I, c	ectio: ompl	ns A
Secti	on A. All Supporting Organizations		Tac.	Tat-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	ļ	
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b_		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer line 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

every Ireland Foundation 82-0889786 Schedule A (Form 990 or 990-EZ) 2020 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described in line 11a above? 11b A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3а

3b

				
	ule A (Form 990 or 990-EZ) 2020 Leiving Ireland Jour	d	alun 82-088	9786 Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
			(A) D : \(\)	(B) Current Year

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of	ľ		
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):		-	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	-	

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part	y Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued	<u>a)</u> ,	·
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers ex	empt purposes of suppo	orted	ı	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	ınızations	3	
4	Amounts paid to acquire exempt-use assets	······		4	
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	 		7	
8	Distributions to attentive supported organizations to which	the organization is res	•		
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	9	··········		
10	Line 8 amount divided by line 9 amount	, ····································		10	
Section E—Distribution Allocations (see instructions) Excess E		(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			\Box	
2	Underdistributions, if any, for years prior to 2020			i	
	(reasonable cause required—explain in Part VI). See				
	instructions.				
3_	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015	- 1844-184 46 1444 6			
<u>b</u>	From 2016	_			
C	From 2017		,		
d	From 2018				
<u>е</u>	From 2019			\dashv	·
f_	Total of lines 3a through 3e			-+	
9	Applied to underdistributions of prior years				
<u> </u>	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<u>, j</u>	Distributions for 2020 from			\dashv	
4	Section D, line 7:				
а	Applied to underdistributions of prior years				
<u>a</u>	Applied to diderdistributions of prior years Applied to 2020 distributable amount		····	+	
c	Remainder, Subtract lines 4a and 4b from line 4.			- +	
5	Remaining underdistributions for years prior to 2020, if			\dashv	
3	any. Subtract lines 3g and 4a from line 2. For result			ľ	
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h			\dashv	<u></u>
•	and 4b from line 1. For result greater than zero, explain in			- 1	
	Part VI. See instructions.			- 1	
7	Excess distributions carryover to 2021. Add lines 3j	, , , , , , , , , , , , , , , , , , ,			
	and 4c.			_	
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
ď	Excess from 2019				
е	Excess from 2020	T			

Schedule A (F	orm 990 or 990-EZ) 2020	Lewing	Ireland	Foundar	tun 82-08	897 46 Page 8
Part VI	Supplemental In III, line 12; Part IV B, lines 1 and 2; F	formation. Provide A Section A, lines Part IV, Section C	de the explanation 1, 2, 3b, 3c, 4b, 4 , line 1; Part IV, Se	ns required by Part I c, 5a, 6, 9a, 9b, 9c, ection D, lines 2 and	I, line 10; Part II, lir 11a, 11b, and 11c I 3; Part IV, Section	ne 17a or 17b; Part c; Part IV, Section n E, lines 1c, 2a, 2b,
	3a, and 3b; Part \ lines 2, 5, and 6.	/, line 1; Part V, S Also complete thi	ection B, line 1e; I s part for any add	Part V, Section D, li itional information. (nes 5, 6, and 8; and (See instructions.)	d Part V, Section E,
Schedule A	- List of Unusual Gra	nts Received:				
	: For Discovery Churc		Cohwoy Izoland	····		
			oaiway, ireiailu			
Date: 10/02	2/17 Amount: 100),000	•••••••••••			
			····		·	

·						
·						

		••••••••••••				
				····		
		····				
		·				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Serving Ireland Foundation

Employer Identification number 82-0889786

Form 990-EZ, Part I, Liine 10, Grants and Similar Amoun	its Paid:
Grantee Name: Discovery Church Grantee Address:	IDA Small Business Park, Tuam Road, Galway, Ireland
Amount Given: \$134,068.	
Grantee Name: Foundation in Christ Ministries Gran	ntee Address: 25/27 Lower Dominick Street, Galway, Ireland
Amount Given: \$ 1,200.	
Total Included on Form 990-EZ, Part I, Line 10: \$135,268	3.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount ⁻
nsurance	\$ 967.
P.O Box Charge	\$ 106
State of Michigan Annual Filing Fee	\$ 20.
Total Included on Form 990-EZ, Part I, Line 16:	\$1,093.
Form 990-EZ, Part III, Primary Exempt Purpose - To supp	port registered Christian Charities in Ireland
Form 990-EZ, Part III, Line 28, Program Service Accompl	ishments:
To support Discovery Church and it's expanding role in	the nation. The grant this year assisted them with ministry to the homeless
and working poor through additional food distribution as	s well as supporting the expanding national role of the senior leader In the COVID
environment, this church was able to support people in t	the community to a greater extent. Discovery Church is located in
Galway, Ireland and is a Registered Irish Charity.	
orm 990-EZ, Part III, Line 28, Program Service Accompl	ıshments
o Support Foundations in Christ Ministries to reach an	increased number of students through their retreat program in the national
schools. Suicide rates in Ireland skyrocketed during the	pandemic and the program developed by Foundations in Christ Ministries
was used extensively in secondary schools to address the	his national problem. They are a Registered Sush Church is for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2020
or Paperwork Reduction Act Notice, see the Instruction	s for Form 990 or 990-EZ. Cat No 51056K Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
fame of the organization	Employer identification number
Serving Ireland Foundation	82-0889786
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts.	
The organization did not, during the year, receive any funds, directly or indirectly, to pay premiums	on a personal benefit contract.
The organization did not, during the year, pay any premiums, directly or indirectly, to pay a persona	Il benefit contract.

•••	