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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

	For the 20	09 calendar y	vear, or tax year beginning , and e	ending		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
В	Check if applic	able Please	C Name of organization Mark Heffernan Div				[Emp	loyer iden	tification number
	Address chang	ge label or	Order of Hibernians	3						
\equiv	Name change		Doing Business As					20	<u>-3758</u>	464
\equiv	Initial return	type	Number and street (or P O box if mail is not delivered to street address	s)		Room/sui	te E		hone numb	
=		See Specific	2000 Brown St PO Box 26187			·		33	0-724	-2080
=	Termination	Instruc-	City or town, state or country, and ZIP + 4				9	Gross re	ceipts\$	491,850
	Amended retu	· · · · · · · · · · · · · · · · · · ·		319						
	Application pe	nuing	e and address of principal officer					l(a) is the	s a group retu	
			yne Powers					affilia I(b) Are a	ites? ill affiliates	Yes X No
		1	03 Sawyer Ave ron OH 443	210				ındu	ded?	Yes No
_	Tax-exemp							If "No	o," attach a lis	t (see instructions)
	Website:		501(c) (8) ◀ (insert no) 4947(a)(1) or	527				l/a\ a		0832
		zation X Co	rporation Trust Association Other		— <u></u>	Year of form	~ ~		1	number ► 0832 If legal domicile OH
	Part I	Summa				rear or form	ation 20	0.5	I WI State o	if legal domicile OH
<u> </u>	1		the organization's mission or most significant activities			_				
d)	_	ee Sche								
ű										
Ē										
(I) € T Act (vitigs) (m) Governance	2 Che	ck this box	If the organization discontinued its operations or	disposed of mi	ore than 2	5% of its	net asset	·c		
٩	3 Nun			•		0 70 O. NO	1101 0000		1	
Se	4 Nun	nber of indep	g members of the governing body (Part VI, line 1a) sendent voting members of the governing body (Part VI) employees (Part V, line 2a)	I. line 1b)				4		
ŽĚ	5 Tota	al number of	employees (Part V. line 2a)	ECEIVE	D			5	7	.
3	6 Tota		volunteers (estimate if necessary)					6		
_	7a Tota		lated business revenue from Part VIII, colum ஐ¢), lime	CP 1 2 201	ın löl			7a		
2	b Net	unrelated bu	isiness taxable income from Form 990-T, line 34		RS-OS(7b		0
		•					Prior Year		Ċ	urrent Year
	1			GDEN, L						1,078
3	1		revenue (Part VIII, line 2g)							19,970
SCANNIED]		me (Part VIII, column (A), lines 3, 4, and 7d)							
Q.	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							114,241
<u>(M)</u>	1		add lines 8 through 11 (must equal Part VIII, column (A	A), line 12)						135,289
	1		ar amounts paid (Part IX, column (A), lines 1–3)				-			
		•	or for members (Part IX, column (A), line 4)							70 005
ses			ompensation, employee benefits (Part IX, column (A),	lines 5–10)						78,995
penses			draising fees (Part IX, column (A), line 11e)							
Ä		-	expenses (Part IX, column (D), line 25)							10 106
_	ŀ	•	(Part IX, column (A), lines 11a-11d, 11f-24f) Add lines 13-17 (must equal Part IX, column (A), line :	25)						49,496 128,491
		•	epenses Subtract line 18 from line 12	25)					-	6,798
5 6	la Kev	Ciluc icss cx	penses Subtract line to north line 12			Beginnii	ng of Curre	nt Year		End of Year
Net Assets or	20 Tota	al assets (Pa	rt X, line 16)						Ĺ	10,298
t As	21 Tota	al liabilities (F	Part X, line 26)							
2,5	22 Net	assets or fur	nd balances Subtract line 21 from line 20					0		10,298
<u>_P</u>	art II	Signatu	re Block	<u> </u>						
		Under penal	Ities of perjury, I declare that I have examined this return, includ	ing accompanyin	g schedules	and state	ments, and	to the b	est of my k	nowledge
		and believ, it	is frue, correct, and complete Declaration of preparer (other th	ian onicer) is bas	eu on all ini	ormation c	i which pre	parer na: د د ا	s any know	7
Sig			Jugal Fourts					100	1/05	12010
He	re	, ,	ire of officer		D			Date	•	
			yne Powers		Presi	.aent				
		▼ Type of	print name and title						Dronge	er's identifying number
Pa	id	Preparer's			Date		Check if self-	, F	(see in	structions)
-	eparer's	signature	Richard B Masterson		09/2	4/10	employed	▶ 2		0148674
	e Only	Firm's name		<u>n</u>				EIN		1-1651273
		if self-emplo address, and		63				Phone		745 0001
<u></u>			1212011, 011 11021 221					no	> 330-	-745-0821
_			eturn with the preparer shown above? (see instructions							X Yes No
DAA	rrivacy A	ct and Pape	erwork Reduction Act Notice, see the separate instr	ructions.						Form 990 (2009)

Pa	rt III. State	ement of Progran	n Service Accomplishments		
1		the organization's miss	sion		
S	ee Sched	ule O			
2	Did the organiza	tion undertake any sig	nificant program services during the year which were not list	ed on	
-	the prior Form 99		minoant program services during the year which were not list	CG 011	Yes X No
	•	e these new services of	on Schedule O		
3			, or make significant changes in how it conducts, any prograi	m	
	services?	_			Yes X No
	If "Yes," describe	e these changes on So	chedule O		
4			ments for each of the organization's three largest program se		
			zations and section 4947(a)(1) trusts are required to report the	he amount of grants and	
	allocations to oth	ners, the total expense	s, and revenue, if any, for each program service reported		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			and perpetuate the History as	na	
1	radition	s of the I	rish People		
4h	(Code) (Expenses \$	including grants of \$) (Revenue \$	······
75	(0000) (Expenses ψ	moleculy grants of \$) (Nevenue ψ	,
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	•			, ,	,
4d	Other program s	ervices (Describe in S	Schedule O)	- -	
_	(Expenses \$	<u> </u>		enue \$)
4e		service expenses >	127,355		
					Form 990 (2009)

Forn	n 990 (2009) Mark Heffernan Div 2 AOH 20-3758464		P	age 3
P	art IV. Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	ļ. —	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			٠,
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	١.		
_	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_ ا		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	 	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	6		x
7	complete Schedule D, Part I	1	<u> </u>	
'	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ľ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
o	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-	 	
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	<u> </u>		<u></u>
. •	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable	11		x
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	1		
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		1	
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	İ		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	ļ	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes N			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	_		l
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a		14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. -	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	x	
	If "Yes," complete Schedule G, Part III	19		

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009) Mark Heffernan Div 2 AOH Part IV. Checklist of Required Schedules (continued)

	irt IV. Checklist of Required Schedules (continued)		1	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	İ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			7.7
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			77
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ĺ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			7.7
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		ĺ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? if "Yes," complete Schedule R, Part V, line 2	36		L
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
			1	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			x

Statements Regarding Other IRS Filings and Tax Compliance Yes Νo 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		4.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		_X_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			77
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-		x
	with a taxable entity during the year? If "Yes," has the erganization educted a written policy or procedure requiring the erganization to evaluate.	16a		
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate))		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	465		
500	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization John Stephenson 2038 Stratford Ln			
A	kron OH 44313	330-33	8-4	179

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Form 990 (2009)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organiza (A) Name and Title	l (B)			(Chec	C) k all i	that a	(vlaa	(D) Reportable	(E) Reportable	(F) Estimated
	Average hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Wayne Powers)
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Part VI	·	ernan D , Directors, Tru	ıstee		ey E	mpl	oyee	s, aı	20-375 nd Highest Compensated		Pa
•	(A) Name and Title	(B) Average hours per week	or director		chec Officer		Highest compensated employee	Pormer	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
											
		-			thos	e lis	ted a	bove	e) who received more than	\$100,000 in	
emp 4 For the c indiv 5 Did	loyee on line 1a? If "Yes," any individual listed on line organization and related or ridual any person listed on line 1	complete Sche 1a, is the sum rganizations gre a receive or acc	dule of re ater t	J for porta than comp	suc able \$150 bens	h ind com 0,000	ividu pens 0? If	ial satio "Yes n an	oyee, or highest compensation and other compensation s," complete Schedule J for y unrelated organization for	from or such	3 4
Section	ices rendered to the organ B. Independent Contract plete this table for your five	ors							such person actors that received more	than \$100,000 of	5
	pensation from the organiz								· · ·	(B) otton of services	(C) Compensati
								I			

Pa	rt V	III Stater	nent of Reve	enue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ts s	12	Federated car	mnaigns	1a	· · · · · ·			revende		512, 513, or 514
흔		Membership d		1b						
ğ,ï		Fundraising e		1c						
ar a		Related organ		1d						
s, g		Government grants		1e						
rion	_	All other contribution		"						
t t			s not included above	1f		1,078				
들	g	Noncash contribute	ons included in lines 1a		:					
SE	h	Total. Add line			•	▶	1,078			
e e						Busn Code				
ven	2a	Members	hip				19,970	19,970		
e Re	b									
ķ	C									
Program Service Revenue Contributions, gifts, grants	d									
	е									
ogu	f	f All other program service revenue				·				
4	g	Total. Add line			,	•	19,970			
	3	Investment inc	come (including	dıvıden	ds, intere	st, and		•		
		other similar a	mounts)			▶				
	4	Income from 1	nvestment of tax	c-exemp	ot bond pr	oceeds 🕨				
	5	Royalties				>				
			(ı) Real		(II) Po	ersonal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	_d	Net rental inco				•				
	7a	7a Gross amount from sales of assets (ii) Securities (iii)			Other					
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	C	Gain or (loss)								
	d	Net gain or (lo	ess)	_		•				
ne	8a	Gross income from	om fundraising eve	ents						
		(not including \$								
ě		of contributions	reported on line 1c)						
Other Reven		See Part IV, line	18	a						•
th.		Less direct ex	•	ь[
			(loss) from fund	г	events	•				
	9a		om gaming activitie	1						
		See Part IV, line		a		276,909				
		Less direct ex		ь[228,977	45.000	45.000		
			(loss) from gam		ivities	•	47,932	47,932		
	10a		f inventory, less	- 1		177 000				
		returns and al		a		177,229				
		Less cost of		, p[127,584	40 645	40 645		
	С		(loss) from sale	_		Buen Cada	49,645	49,645		
	44 -		ellaneous Revenue	=		Busn. Code	0.000	0 000		
	11a	Green Sea					9,263	9,263		
	b	Fish Frie					5,174			
	C	Other Eve					2,227	2,227		
		All other rever				•	16,664			
	е 12		es Tra-Tro ie. See instructio	nne			135,289		0	0
	14	TOWN NEVERIL	e. See manucil	<i>/</i> 113			133,289	107,611	<u> </u>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	_ (A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			- ,	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		1		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	66,212	66,212		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	12,783	12,783		
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,136		1,136	
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				·
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	38,009	38,009		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Miscell	2,884	2,884		
b	National/State Dues	2,629	2,629		
c	Donations	2,291	2,291		
d	Newsletter	2,087	2,087		
e	Supplies	460	460		
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	128,491	127,355	1,136	
26	Joint costs. Check here ▶ ☐ if following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

			(A)		(B)
		<u></u>	Beginning of year		End of year
1	Cash—non-interest bearing			1	6,798
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directo	rs, trustees, key			
	employees, and highest compensated employees. C	omplete Part II of	İ		
	Schedule L			5	
6	Receivables from other disqualified persons (as define	ned under section			
	4958(f)(1)) and persons described in section 4958(c)	(3)(B) Complete			
<u>"</u>	Part II of Schedule L			6	
Assets	Notes and loans receivable, net			7	
SS 8	Inventories for sale or use		8	3,500	
و ◄	Prepaid expenses and deferred charges			9	
10	Da Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a			
	b Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	2 Investments—other securities See Part IV, line 11		12		
13	Investments—program-related See Part IV, line 11		13		
14			14		
15	Other assets See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line	e 34)		16	10,298
17				17	· · · · · · · · · · · · · · · · · · ·
18			18		
19			19		
20	Tax-exempt bond liabilities			20	
တ္က 21		V of Schedule D		21	
	•				
ਙ∣	employees, highest compensated employees, and di	-		1 1	
-	persons Complete Part II of Schedule L	- 4		22	
- ₂₃	•	hird parties		23	
24				24	
25	-			25	
26	•			26	
48	Organizations that follow SFAS 117, check here	and			
Fund Balances	complete lines 27 through 29, and lines 33 and 34				
룓 27				27	
r 28				28	· · · · ·
2 29	•			29	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Organizations that do not follow SFAS 117, check	chere ▶X		 	
֡֡֡֡֡֡֡֡֡֡֡֡֡	and complete lines 30 through 34.				
တ္က 30 တ္က 30				30	
3		nent fund		31	· · · · · · · · · · · · · · · · · · ·
SS 32				32	10,298
Net Assets or			33	10,298	
2 3				34	10,298

Form **990** (2009)

Form 990 (2009) Mark Heffernan Div 2 AOH		Pag	ge 12	
Part XI Financial Statements and Reporting				
			Yes	No
1 , Accounting method used to prepare the Form 990 X Cash	Other			
If the organization changed its method of accounting from a price	or year or checked "Other," explain in			
Schedule O				
2a Were the organization's financial statements compiled or review	ed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an inde	pendent accountant?	2b		X
c If "Yes" to line 2a or 2b, does the organization have a committee	e that assumes responsibility for oversight of			
the audit, review, or compilation of its financial statements and	selection of an independent accountant?	2c		
If the organization changed either its oversight process or select	tion process during the tax year, explain in			
Schedule O				
d If "Yes" to line 2a or 2b, check a box below to indicate whether t	he financial statements for the year were			
issued on a consolidated basis, separate basis, or both				
Separate basis Consolidated basis Both conso	olidated and separate basis			
3a As a result of a federal award, was the organization required to	undergo an audit or audits as set forth in			
the Single Audit Act and OMR Circular A-1332		3a		

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

3b

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Total

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ

See separate instructions

OMB No 1545-0047 2009

Open To Public Inspection

Internal Revenue Service Mark Heffernan Div 2 AOH Employer identification number Name of the organization Order of Hibernians 20-3758464 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (i) Name of individual (ii) Activity raiser have (or retained by) (or retained by) or entity (fundraiser) from activity custody or fundraiser listed in organization control of contributions col (ı) Yes No

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

20-3758464

Page 2

Р	art l					es" to Form 990, Part IV, li oss receipts greater than S		porte	ed
			(a) Event #		(b) Event #2	(c) Other events	(d) Total e		gh
മ			(event type)		(event type)	(total number)	col ((c))	
Revenue	1	Gross receipts							
æ	2	Less Charitable							
	,	contributions Gross revenue (line 1							
	3	minus line 2)							
		Coch prizos							
	4	Cash prizes		<u>.</u>					
	5	Noncash prizes							
sesue	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Dire	8	Entertainment							
	9	Other direct expenses							
	10	Direct expense summar	y Add lines 4 through	9 ın column	(d)	•	(
	11 art l	Net income summary C				● Part IV, line 19, or rep	orted more		
	arti		on Form 990-EZ,		swered tes to rollins	990, Partiv, line 19, or rep	Jortea more	; 	
enue			(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gan col (a) throug		
Revenue	1	Gross revenue				276,909	27	76,	909
						·			
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses				228,977	22	28,	977
	6	Volunteer labor	Yes X No	%	Yes 9	% Yes %		,	
	7	Direct expense summar		5 in column	(d)	>	(22	28,	977
	8	Net gaming income sum	-			•		47,	
9	En	iter the state(s) in which the						Yes	
а		the organization licensed	-	-			9a	x	
b	lf "	No," Explain							
10a	W	ere any of the organization	n's gaming licenses re	voked, susp	ended or terminated during the	e tax year?	10a		x
b									
11	Da	es the organization opera	ite gaming activities w	ith nonmami	ners?		11		x
12					r a member of a partnership or	other entity			
	for	med to administer charita	ble gaming?				12		X

Sche	edule G (Fo	orm 990 d	or 990-EZ) 2009	Mark	Heffernan	Div_	2 AOH	20-375846	54	P	age 3
										Yes	No
3	Indicate t	he perce	entage of gaming acti	vity operate	d in						
а	, The orga	The organization's facility 13a 100.00 %									
b	An outside facility								_		
4	Provide t	Provide the name and address of the person who prepares the organization's gaming/special events books									
	and records										
	Name	John	Stephenson								
		2038	Stratford L	n							
	Address >	Akro	n					OH 44313			
15a	Does the	organiza	ation have a contract	with a third	party from whom the	e organiza	tion receives gaming				
	revenue?	• • • • • • • • • • • • • • • • • • • •							15a		X
b	If "Yes,"	enter the	amount of gaming re	evenue rece	ived by the organiza	tion 🕨 🗆	\$	and the			
	amount of gaming revenue retained by the third party ▶ \$										
С	If "Yes," enter name and address of the third party										
	Name >										
	Address >										
16	Gaming i	Gaming manager information									
	Name ►										
	Gaming i	Gaming manager compensation ▶ \$									
	Descripti	on of ser	vices provided >								
	Dire	ctor/office	er Em	ployee	Independ	lent contra	actor				
17	Mandato	ry distribi	utions								
а	Is the org	janizatior	n required under stat	e law to mal	ke charitable distribu	tions fron	the gaming proceeds t	to			
		_	aming license?						17a	X	<u> </u>
b	Enter the	amount	of distributions requi	red under s	tate law distributed t	o other ex	empt organizations or s	spent			
	in the org	anızatıor	n's own exempt activ	ities during	the tax year 🕨 💲		11,983				

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Mark Heffernan Div 2 AOH Order of Hibernians

Employer identification number

20-3758464

Form 990 - Organization's Mission or Most Significant Activities
To Promote Friendship, Unity, and Christian Charity; To
Foster and Sustain Loyalty To Country and Community; To
Foster the Ideals and perpetuate the History and Traditions
of the Irish People; To Promote Irish Culture.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Sch G, Part III, Line 17b - Required Distributions per State Law

State Distribution Amount

Ohio \$ 11,983

			Special Event	s Schedule				
Form , 99	90			2009				
		For calendar year 2009, or tax	year beginning	, and er	nding			
ame					Employer I	dentification Number		
		an Div 2 AOH						
Order o	of Hibe	ernians	 :			20-3758464		
		(A)	(B)	(C)	Others	Total		
Gross receipts		17,779	12,045	4,529	0	34,353		
Less contrib	_	0	0	0	0 _	0		
Gross revenue		17,779	12,045	4,529	0	34,353		
Less direct expenses Net income (loss)		8,516	<u>6,871</u> _	2,302	0	17,689		
		9,263	5,174	2,227	0	16,664		
Description	(A)	Green Season						
Dood.ip.ion	('/							
	(B)	Fish Fries						
	(C)	Other Events						
	Others							
				<u> </u>				
			<u></u> .					
			<u></u>					
								
				<u></u>				