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Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning

, 2016, and ending

, 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization ?

Ancient Order of Hibernians in America 38BE01

Number and street (or P O box, if mail is not delivered to street address) ? Room/suite

52 Tallow Drive

City or town, state or province, country, and ZIP or foreign postal code

Bluffton, SC 29909

D Employer identification number ?

41-2117966

E Telephone number

843-705-3551

F Group Exemption

Number ► ? 0832G Accounting Method. Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (8) ◀ (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?Check if the organization used Schedule O to respond to any question in this Part I ?

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 331
	2 Program service revenue including government fees and contracts	2 9,674
	3 Membership dues and assessments	3 1,645
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less. cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 2,300
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c 0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 2,300
	7a Gross sales of inventory <i>RECEIVED</i> less returns and allowances	7a 665
	b Less. cost of goods sold	7b 540
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 125
	8 Other revenue (describe in Schedule O) <i>1 MAY 15 2017</i>	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 14,075
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 5,694
	11 Benefits paid to or for members	11 0
	12 Salaries, other compensation, and employee benefits ?	12 0
	13 Professional fees and other payments to independent contractors ?	13 0
	14 Occupancy, rent, utilities, and maintenance	14 0
	15 Printing, publications, postage, and shipping	15 3,444
	16 Other expenses (describe in Schedule O) ?	16 3,418
Net Assets	17 Total expenses. Add lines 10 through 16	17 12,556
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,519
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 9,365
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 10,884

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form 990-EZ (2016)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	9,365	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	9,365	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,365	27
			10,884
			0
			10,884

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **Raise funds & distribute grants to charitable orgs.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Catholic Education in the Low Country - support for three Catholic schools and three religious education pgms
Approximately 1,000 - 1,200 students benefit in some fashion from these grants

7 (Grants \$ 4,000) If this amount includes foreign grants, check here ►

29 Other Low Country Charities - provide financial support for organizations that help the less fortunate
The AOH Division issued grants directly to three organizations, but does not have the demographic data on the ultimate number of clients served.
(Grants \$ 1,400) If this amount includes foreign grants, check here ►

30 Student Award Statues - this program recognizes outstanding students as selected by their peers on periodic basis during the year and provides incentives to the student to excel in their studies as well as in their overall conduct
(Grants \$ 300) If this amount includes foreign grants, check here ►

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ►

32 Total program service expenses (add lines 28a through 31a) ►

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

? (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Timothy O'Connor President	5	0	0	0
Joseph Gibbons Vice President	8	0	0	0
Eugene Sullivan Recording Secretary	1	0	0	0
John O'Neill Financial Secretary	6	0	0	0
Richard Kearns Treasurer	3	0	0	0
Gerald J. Kelley Chairman Standing Committee	1	0	0	0
Gerry O'Connor Marshall	1	0	0	0
Alfred L. Reid, Jr. Sentinel	1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

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

	Yes	No
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	✓
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	✓
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35b

35b	
-----	--

35c

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	✓	?
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **0**

37a	0
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b Did the organization file **Form 1120-POL** for this year?

37b	
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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 prior year and still outstanding at the end of the tax year covered by this return?

38a	✓	?
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b	
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39 Section 501(c)(7) organizations Enter

39a	
-----	--

a Initiation fees and capital contributions included on line 9

39b	
-----	--

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **40b** section 4912 ► **40c** ; section 4955 ► **40d**

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

40b	?
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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40c	
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization

40d	
-----	--

e 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	
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41 List the states with which a copy of this return is filed ► **South Carolina**

42a The organization's books are in care of ► **John O'Neill** Telephone no. ► **843-705-3551**

Located at ► **52 Tallow Drive, Bluffton, SC** ZIP + 4 ► **29909-6043**

Yes	No
42b	✓

b 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 account)?

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).

42c	✓
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c 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. ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** □

Yes	No
44a	✓

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b	✓
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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

44c	✓
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c Did the organization receive any payments for indoor tanning services during the year?

44d	
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d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a	✓
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b	✓
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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 Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100 000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. Yes No

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

Sign Here                            <img alt="Signature

7. Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name ►			Firm's EIN ►
	Firm's address ►			Phone no. ►

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE O
(Form 990 or 990-EZ)**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.

OMB No 1545-0047

2016**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Ancient Order of Hibernians in America 38BE01

Employer identification number

41-2117966

2016 Form 990-EZ Part I line 10 Grants & Similar Amounts Paid**Contributions**

- Franciscan Center	500.00
Holy Family Religious Ed	700.00
- JP II HS	700.00
JP II HS Statues	86.64
- Montford Fathers	-
Pregnancy Center	125.00
- St Anthony RCC	500.00
St. Francis by the Sea	-
- St Mary's Mission	250.00
St Mary's RCC	250.00
St Vincent de Paul	100.00
St. Gregory the Great Religious Ed	700.00
St Gregory the Great Scholarship	500.00
St Gregory the Great School - Program Ad	250.00
St Gregory the Great School - Statues	182.22
- St Grgeory the Great School - Travel	150.00
St Grgeory the Great School	700.00
- TOTAL CONTRIBUTIONS	5,693.86

2016 Form 990-EZ Part I line 16 Other Expenses:**OTHER EXPENSES**

Miscellaneous	368.23
- AOH National	740.00
Installation dinner	165.00
- Insurance	475.00
Administrative	246.38
State/Nat Officer Expense	300.00
Parade	447.98
- Clergy Christmas Gifts	675.00
	<u>3,417.59</u>