



Form 990-EZ

2949214602008 8

OMB No. 1545-1150

2017

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)

Department of the Treasury
Internal Revenue Service

- 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.

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning

, 2017, and ending

, 20

B Check if applicable:	C Name of organization ?		D Employer identification number ?
<input type="checkbox"/> Address change	Ancient Order of Hibernians in America 38BE01		41-2117966
<input type="checkbox"/> Name change	Number and street (or P O. box, if mail is not delivered to street address) ?	Room/suite	E Telephone number
<input type="checkbox"/> Initial return	52 Tallow Drive		843-705-3551
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		<i>OS</i>
<input type="checkbox"/> Amended return	Bluffton, SC 29909		
<input type="checkbox"/> Application pending			

G 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	5a Gross amount from sale of assets other than inventory	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	7a Gross sales of inventory, less returns and allowances	8 Other revenue (describe in Schedule O)	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	1	102
							2 Program service revenue including government fees and contracts	5b Less: cost or other basis and sales expenses
	3 Membership dues and assessments						2	9,222
	4 Investment income						3	
	5a Gross amount from sale of assets other than inventory	5a					4	
	b Less: cost or other basis and sales expenses	5b					5c	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						6d	
	6 Gaming and fundraising events						7c	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					8	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b					9	11,704
	c Less: direct expenses from gaming and fundraising events	6c					10	3,918
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d					11	
	7a Gross sales of inventory, less returns and allowances	7a					12	
	b Less: cost of goods sold	7b					13	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						14	
	8 Other revenue (describe in Schedule O)						15	1,622
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►						16	3,690
Expenses	10 Grants and similar amounts paid (list in Schedule O)						17	9,230
	11 Benefits paid to or for members						18	2,474
	12 Salaries, other compensation, and employee benefits ?						19	10,884
	13 Professional fees and other payments to independent contractors ?						20	
	14 Occupancy, rent, utilities, and maintenance						21	13,358
	15 Printing, publications, postage, and shipping							
	16 Other expenses (describe in Schedule O) ?							
	17 Total expenses. Add lines 10 through 16 ►							
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)							
	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)							
	20 Other changes in net assets or fund balances (explain in Schedule O)							
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►							

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2017)

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	10,884	22 13,358
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	10,884	25 13,358
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,884	27 13,358

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		
28a	(Grants \$ 2,500) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	
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.		
29a	(Grants \$ 1,100) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	
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.		
30a	(Grants \$ 300) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
31a	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32

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
James Coyne, Recording Secretary	1	0	0	0
John O'Neill, Financial Secretary	6	0	0	0
Eugene Sullivan, Treasurer	3	0	0	0
Michael O'Brien, Chairman Standing Committee	1	0	0	0
Gerry O'Connor, Marshall	1	0	0	0
John Tofaute, 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 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 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

c 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 ► 37a

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 prior 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

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 39b

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

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

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 40b

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

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 40b

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

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)? 42b

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).

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: ► _____ 42c

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

44a 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

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

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 44d

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

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) 45b

	Yes	No
33	✓	<input checked="" type="checkbox"/>
34	✓	<input type="checkbox"/>
35a	✓	<input type="checkbox"/>
35b	<input type="checkbox"/>	<input type="checkbox"/>
35c	✓	<input type="checkbox"/>
36	✓	<input checked="" type="checkbox"/>
37a	<input type="checkbox"/>	0
37b	<input type="checkbox"/>	<input type="checkbox"/>
38a	✓	<input checked="" type="checkbox"/>
38b	<input type="checkbox"/>	<input type="checkbox"/>
39a	<input type="checkbox"/>	<input type="checkbox"/>
39b	<input type="checkbox"/>	<input type="checkbox"/>
40a	<input type="checkbox"/>	<input type="checkbox"/>
40b	<input type="checkbox"/>	<input type="checkbox"/>
40c	<input type="checkbox"/>	<input type="checkbox"/>
40d	<input type="checkbox"/>	<input type="checkbox"/>
40e	<input type="checkbox"/>	<input type="checkbox"/>
42a	✓	<input type="checkbox"/>
42b	<input type="checkbox"/>	<input type="checkbox"/>
42c	<input type="checkbox"/>	✓
43	<input type="checkbox"/>	<input type="checkbox"/>
44a	✓	<input type="checkbox"/>
44b	✓	<input type="checkbox"/>
44c	✓	<input type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>
45a	✓	<input type="checkbox"/>
45b	<input type="checkbox"/>	✓

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	8
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	8
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	<p>Signature of officer </p> <p>John O'Neill, Financial Secretary</p> <p>Type or print name and title</p>	Date 4/20/18
----------------------	--	---------------------

Paid **Print/Type preparer's name** **Preparer's signature** **Date** **Check if self-employed** **PTIN**

Preparer Use Only			Self-employed
Firm's name ►	Firm's EIN ►		

Firm's address ► May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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

2017Open to Public
Inspection

Name of the organization

Ancient Order of Hibernians in America 38BE01

Employer identification number

41-2117966**2017 Form 990-EZ Part I line 10 Grants and Similar Amounts Paid****Contributions**

Franciscan Center	500.00
Holy Family Religious Ed	500.00
JP II HS	
JP II HS Statues	160.44
Pregnancy Center	150.00
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	-
St. Gregory the Great Religious Ed	-
St. Gregory the Great Youth Ministry	500.00
St. Gregory the Great: Scholarship	500.00
St. Gregory the Great School - Program Ad	-
St. Gregory the Great School - Statues	108.00
St. Grgeory the Great School - Travel	-
St. Grgeory the Great School	500.00
TOTAL CONTRIBUTIONS	3,918.44

2017 Form 990-EZ Part I line 16 Other Expenses

-- MISC	1,089.38
AOH National	690.00
Installation Dinner	439.49
Insurance	475.00
Administrative	124.00
Parade	171.90
Clergy Christmas Gifts	700.00
-- TOTAL	<u>3,689.77</u>