

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2017**Open to Public Inspection**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.**A** For the 2017 calendar year, or tax year beginning January 1, 2017, and ending June 30, 2018**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 AOH Division 2 Delaware 07NE02**

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

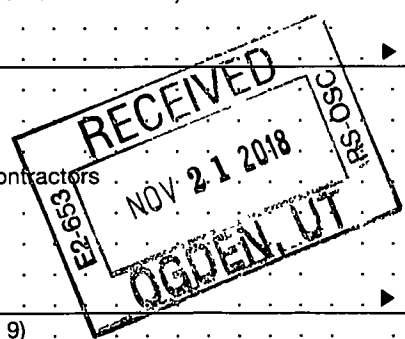
Room/suite

11 Palmer Place

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

Newark, DE 19713-1645**D** Employer identification number**26-4224953****E** Telephone number**(302) 368-064****F** Group ExemptionNumber ▶ **0832****G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ **www.NewarkAOH.com****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** 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 ☐

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																503											
	2	Program service revenue including government fees and																											
	3	Membership dues and assessments																900											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	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)																5,780											
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																5,780												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																												
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																7,183												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																3,943											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																											
	16	Other expenses (describe in Schedule O)																1,305											
	17	Total expenses. Add lines 10 through 16																5,248											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																1,935											
	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)																4,801											
	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																6,736											



For Paperwork Reduction Act Notice, see the separate instructions.

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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 ☐

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

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)		3/95
	Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>		Expenses

Check if the organization used Schedule O to respond to any question in this Part III <input type="checkbox"/>		Expenses (Required for section 501(c)(29)(B) and 501(c)(4))
What is the organization's primary exempt purpose?	See Schedule O	

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.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

32	Total program service expenses (add lines 28a through 31a)	▶	32
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

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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 ☐

	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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
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 40a ; section 4912 40a ; 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 40c		
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		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of Sean Hellinga, Treasurer Telephone no. 302-836-1692 Located at 404 Anchorage Court, Newark, DE ZIP + 4 19702-4830		
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 42b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? 44c		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		<input checked="" type="checkbox"/>
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		<input checked="" 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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

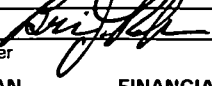
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	Signature of officer 	Date 11/15/2018
	BRIAN J PHELAN FINANCIAL SECRETARY 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	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ Yes ☐ No

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

2018**Open to Public
Inspection**

Name of the organization

Ancient Order of Hibernians AOH Division 2 Delaware 07NE02

Employer identification number

26-4224953

FORM 990-EZ, PART I LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS

NAME AND ADDRESS	CLASS OF ACTIVITY	DATE OF GIFT	DESC. OF PROPERTY	CASH CONTRIB.	NONCASH CONTRIB.
St. Elizabeth Ann Seton Catholic Church, Bear, DE		03/06/2018	Cash donation	\$375.00	-
Water Is Life Kenya, Newark, DE		05/09/2018	Cash donation	\$200.00	
St. John the Baptist - Holy Angels Church Newark, DE		05/14/2018	Cash donation	\$250.00	
St. Margaret of Scotland Church, Newark, DE		05/14/2018	Cash donation	\$175.00	
Ulster Project Delaware, Wilmington, DE		05/14/2018	Cash donation	\$300.00	
Christ The Teacher Catholic School, Newark, DE		05/29/2018	Cash donation	\$25.00	
Holy Angels School, Newark, DE		05/29/2018	Cash donation	\$25.00	
Holy Family Church, Newark, DE		05/29/2018	Cash donation	\$250.00	
St. Mary's Seminary & University, Baltimore, MD		05/29/2018	Cash donation	\$500.00	
University of Delaware Scholarship, Newark, DE		02/14/2018	Cash	\$500.00	
St. Patrick Fathers, Chicago, IL		03/12/2018	Cash donation	\$200.00	
Little Sisters of the Poor, Newark, DE		03/12/2018	Cash donation	\$125.00	
Christ The Teacher Catholic School, Newark, DE		01/31/2018	Paid for teacher/staff lunch	-	\$434.00
Holy Angels School, Newark, DE		01/31/2018	Paid for teacher/staff lunch	-	\$348.00
Aquinas Academy, Bear, DE		01/31/2018	Paid for teacher/staff lunch	-	\$86.00
Newark Veterans Memorial, Newark, DE		03/14/2018	Paid for Memorial wreath		\$40.00
McAleer School of Irish Dance, Yorklyn, DE		02/06/2018	Cash donation	\$150.00	

FORM 990-EZ, PART I LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
DELAWARE FRANCHISE TAX	\$25.00
NATIONAL AOH PAYMENTS	\$508.00
ADMINISTRATIVE EXPENSES	\$772.00

Name of the organization

Employer identification number

Ancient Order of Hibernians AOH Division 2 Delaware 07NE02

26-4224953

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE ANCIENT ORDER OF HIBERNIANS IS AN IRISH CATHOLIC FRATERNAL ORGANIZATION WHOSE MISSION IS TO SUPPORT CATHOLIC CHURCHES & OTHER COMMUNITY CHARITIES AND TO PROMOTE IRISH CULTURE.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

THE ORGANIZATION SUPPORTS CATHOLIC CHURCHES IN NEWARK AND BEAR, DELAWARE AND OTHER CHARITIES SUCH AS THE FOOD BANK OF DELAWARE, LITTLE SISTERS OF THE POOR, DELAWARE NATIONAL GUARD FAMILY PROGRAM, NEW CASTLE COUNTY IRISH SOCIETY, THE IRISH IMMIGRATION CENTER OF PHILADELPHIA, ST. PATRICK'S MISSIONARY SOCIETY AND THE FREEDOM FOR ALL IRELAND CHRISTMAS APPEAL OF THE NATIONAL AOH.