



Department of the Treasury
Internal Revenue Service

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)

► 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.

OMB No 1545-1150

2018

**Open to Public
Inspection**

A For the 2018 calendar year, or tax year beginning

JULY 1

, 2018, and ending

JUNE 30

, 2019

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 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

OS

D Employer identification number

26-4224953

E Telephone number

302-368-0264

F Group Exemption

Number ► 0832

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 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c 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) 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) 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	1 295 2 3 950 4 5c 6d 10,038 7c 8 9 11,283 10 12,539 11 12 13 14 15 16 1,885 17 14,424 18 -3,141 19 6,736 20 21 3,595
	C141
	NOV 18 2019
	IRS OSC
	OGDEN, UT
	RECEIVED

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2018)

SCANNED DEC 26 2019
Revenue

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	6,736	22	3,595
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	6,736	25	3,595
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,736	27	3,595

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

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.)

28 See Schedule O

(Grants \$ 12,539) If this amount includes foreign grants, check here **28a** 12,539

29

(Grants \$) If this amount includes foreign grants, check here . . . ► 29a

30

(Grants \$ _____) If this amount includes foreign grants, check here. 20c

31 Other program expenses (describe in Schedule Q)

Other program services (describe in Schedule O) _____ If this amount includes foreign grants, check here **31c**

Grants \$

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

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 Q to respond to any question in this 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
EDWARD T. BURKE				
PRESIDENT	4			
DANIEL HOLMES				
VICE PRESIDENT	3			
SEAN HELLENGA				
TREASURER	4			
MARTIN A. DRINAN				
RECORDING SECRETARY	4			
BRIAN J. PHELAN				
FINANCIAL SECRETARY	6			

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:

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 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b

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 40c

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 40d

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

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 40f

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► SEAN HELLENGA, TREASURER Telephone no. ► 302-836-1692
Located at ► 404 ANCHORAGE COURT, NEWARK, DE ZIP + 4 ► 19702-4830 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

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

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

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

46

✓

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."			

(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 ►

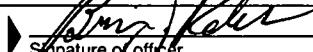
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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		Date
	Signature of officer BRIAN J. PHELAN FINANCIAL SECRETARY	10/15/19
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

2019Open to Public
Inspection

Name of the organization

ANCIENT ORDER OF HIBERNIANS 07NE02

Employer identification number

26-4224953

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

NAME AND ADDRESS	CLASS OF ACTIVITY	DATE OF GIFT	DESC. OF PROPERTY	CASH CONTRIBUTION	NONCASH
St. Elizabeth Ann Seton Catholic Church Bear, DE		Various dates	Cash donations	\$1,500.00	
Holy Family Catholic Church Newark, DE		Various dates	Cash donations	\$1,200.00	
St. John the Baptist - Holy Angels Church Newark, DE	2/04/2019		Cash donation	\$1,500.00	
St. Margaret of Scotland Church Newark, DE		Various dates	Cash donations	\$1,150.00	
Ulster Project Delaware Wilmington, DE	04/08/2019		Cash donation	\$150.00	
Christ The Teacher Catholic School Newark, DE	06/10/2019		Cash donation	\$25.00	
Holy Angels School Newark, DE	06/10/2019		Cash donation	\$25.00	
University of Delaware Scholarship Newark, DE	07/27/2019		Scholarships	\$1,500.00	
Food Bank of Delaware	01/07/2019		Cash donation	\$500.00	
Christ The Teacher Catholic School Newark, DE	02/26/2019		Paid for teacher/staff lunch	-	\$371.00
Holy Angels School Newark, DE	02/26/2019		Paid for teacher/staff lunch	-	\$407.00
Aquinas Academy Bear, DE	02/26/2019		Paid for teacher/staff lunch	-	\$111.00
Irish immigration Center Upper Darby, PA	03/19/2019		Cash donation	\$125.00	
Delaware National Guard New Castle, DE	08/01/2018		Cash donation	\$300.00	
Little Sisters of the Poor Newark, DE	07/18/2018		Cash donation	\$150.00	
Neumann University Aston, PA	08/27/2018		Scholarship	\$500.00	
Aetna Hose Hook & Ladder Company	05/24/2019		Cash donation	\$100.00	
St. Mary's Seminary Baltimore, MD	11/13/2018		Scholarship	\$250.00	
St. Patrick's Missionary Society, Chicago, IL	03/13/2019		Cash donation	\$150.00	
Fraternal Order of Police #4 Newark, DE	05/24/2019		Cash donation	\$100.00	
Newark Police Dept. K-9 Unit Newark, DE	10/02/2018		Cash donation	\$100.00	
Hibernian Charity New Orleans, LA	03/12/2019		Cash donation	\$590.00	
St. Thomas More Oratory, Newark, DE	12/11/2018		Cash donation	\$500.00	
Other Miscellaneous donations	Various dates		Cash donations	\$1,235.00	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

ANCIENT ORDER OF HIBERNIANS 07NE02

Employer identification number

26-4224953**FORM 990-EZ PART I Line 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
DELAWARE FRANCHISE TAX	\$25.00
NATIONAL AOH PAYMENTS	\$950.00
ADMINISTRATIVE EXPENSES	\$1,096.00