

THIS FORM MUST BE INCLUDED WITH YOUR PER CAPITA CHECK.  
 DIVISION PER CAPITA MUST BE PAID BY  
**FEBRUARY 15, 2024**  
 TO BE INCLUDED IN THE IRS NON-PROFIT RECOGNITION REPORT.

**Ancient Order of Hibernians in America, Inc.**  
**NATIONAL DIVISION & FINANCIAL REPORT- FORM 11**  
**Year Ending December 31, 2023**

**DIVISION REPORT**

TAXES FILED DATE \_\_\_\_\_ *Attach Tax Form 990E Confirmation*  
 FEDERAL EIN# \_\_\_\_\_  
 DIVISION NUMBER \_\_\_\_\_  
 COUNTY \_\_\_\_\_  
 CITY or TOWN \_\_\_\_\_  
 STATE DISTRICT \_\_\_\_\_  
 DATE ORGANIZED \_\_\_\_\_  
 MEETING PLACE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 WHEN DO YOU MEET \_\_\_\_\_  
 DAY OF MONTH \_\_\_\_\_

**MEMBERSHIP REPORT**

**INCREASES**

1) MEMBERSHIP - January 1, 2023 \_\_\_\_\_  
 2) INITIATED IN 2023 \_\_\_\_\_  
 3) REINSTATED IN 2023 \_\_\_\_\_  
 4) ADMITTED BY TRANSFER \_\_\_\_\_  
 5) **TOTAL MEMBERSHIP before decreases**  
*(add lines 1, 2, 3 & 4)* \_\_\_\_\_

**DECREASES**

6) DEATHS \_\_\_\_\_  
 7) RESIGNED \_\_\_\_\_  
 8) SUSPENDED \_\_\_\_\_  
 9) TRANSFERRED \_\_\_\_\_  
 10) **TOTAL DECREASE**  
*(add lines 6, 7, 8, & 9)* \_\_\_\_\_  
 11) **MEMBERSHIP DECEMBER 31, 2023**  
*(deduct line 10 from line 5)* \_\_\_\_\_  
 12) PRIESTS & MEMBERS OF RELIGIOUS  
 CONGREGATIONS \_\_\_\_\_  
 13) MEMBERS IN ARMED FORCES \_\_\_\_\_  
 14) NATIONAL BOARD LIFE MEMBERS \_\_\_\_\_  
 15) **TOTAL**  
*(add lines 12, 13, & 14)* \_\_\_\_\_  
 16) **TOTAL MEMBERSHIP SUBJECT**  
**TO PER CAPITA TAX**  
*(deduct line 15 from line 11)* \_\_\_\_\_

**COPIES OF THIS REPORT MUST BE SUBMITTED TO  
 NATIONAL, STATE AND COUNTY SECRETARIES**

*Print and sign here*

**President's Name**

Email

Address, City, St, Zip

Phone

**EMAIL TO: irishyankeenut@gmail.com**  
**or MAIL with check TO:**  
**Ancient Order of Hibernians in America**  
 PO Box 437  
 Oreland, PA 19075-0437  
 - and -  
 State & County Secretaries where applicable.

**FINANCIAL REPORT**

**RECEIPTS**

(a) FROM INITIATION DUES \_\_\_\_\_  
 (b) FROM OTHER SOURCES \_\_\_\_\_  
 (c) CASH BALANCE ON  
 LAST REPORT \_\_\_\_\_  
 (d) **TOTAL** *(add lines a, b, & c)* \_\_\_\_\_

**EXPENDITURES**

(e) A.O.H. MISSIONS and  
 CHARITIES FUND \_\_\_\_\_  
 (f) OTHER CONTRIBUTIONS \_\_\_\_\_

**(g) ASSESSMENTS**

County \_\_\_\_\_  
 State \_\_\_\_\_  
 National \_\_\_\_\_

(h) ALL OTHER EXPENSES \_\_\_\_\_  
 (i) **TOTAL EXPENDITURES** \_\_\_\_\_

(j) **CASH ON HAND CURRENTLY**  
*(deduct line i from line d)* \_\_\_\_\_

(k) BONDS, STOCKS, etc. \_\_\_\_\_  
 (l) REAL ESTATE \_\_\_\_\_

(m) **TOTAL ASSETS**  
*(add lines j, k & l)* \_\_\_\_\_

	Paid by 2/15/2024	Paid after 2/15/2024
<b>National Per Capita Tax</b>	<b>\$20.00</b>	<b>\$20.00</b>
<b>On-time Discount</b>	<b>\$4.00</b>	<b>\$0.00</b>
<b>National Initiations</b>	<b>\$2.00</b>	<b>\$2.00</b>
<b>National Reinstatements</b>	<b>\$1.00</b>	<b>\$1.00</b>
<b>2022 Per Capita Tax</b>		
<b>On-time Discount</b>		
<b>2022 Initiations</b>		
<b>2022 Reinstatements</b>		

**PLEASE SUBMIT A SINGLE CHECK TO NATIONAL FOR:** OR  
*Make check payable to: "AOH National Board"*  
 Date Submitted \_\_\_\_\_

*Print and sign here*

**Financial Secretary's Name**

Email

Address, City, St, Zip

Phone