

National Per Capita Dues

Version: 9/03/2024

THIS FORM MUST BE INCLUDED WITH YOUR PER CAPITA CHECK.
 DIVISION PER CAPITA MUST BE PAID BY
FEBRUARY 15, 2025
 TO BE INCLUDED IN THE IRS NON-PROFIT RECOGNITION REPORT.

Ancient Order of Hibernians in America, Inc.
NATIONAL -- DIVISION'S FINANCIAL REPORT -- FORM 11

DIVISION REPORT

TAXES FILED DATE <i>(Attach Form 990E):</i>	_____
FEDERAL EIN #:	_____
DIVISION NUMBER:	_____
COUNTY:	_____
CITY or TOWN:	_____
STATE DISTRICT:	_____
DATE ORGANIZED:	_____
MEETING PLACE:	_____
ADDRESS:	_____
WHEN DO YOU MEET:	_____
DAY OF MONTH:	_____

Year Ending: December 31, 2024

EMAIL TO: irishyankeenut@gmail.com

or MAIL with check TO: **Ray Lynch**
Ancient Order of Hibernians in America
P.O. Box 1742
Jensen Beach FL 34958-1742

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) MISSIONS & 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 ASSET** _____
(add lines j, k, & l)

MEMBERSHIP REPORT

INCREASES

- 1) MEMBERSHIP - January 1, 2024 _____
- 2) INITIATED IN 2024 _____
- 3) REINSTATED IN 2024 _____
- 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, 2024 _____
(deduct line 10 from line 5)

- 12) PRIESTS & MEMBERS OF RELIGIOUS GROUPS _____
- 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
 STATE & COUNTY Secretaries where applicable**
Submit a Single Check payable to: AOH National Board

	PAID	By 2/15/2025	After 2/15/2025
National Per Capita Tax		\$20.00	\$20.00
On-time Discount		\$4.00	\$0.00
National Initiation		\$2.00	\$2.00
National Reinstatement		\$1.00	\$1.00
2024 Per Capita Tax ---			
On-time Discount ---			
2024 Initiation ---			
2024 Reinstatements ---			
TOTAL			

President's Name: _____

Email: _____

Address: _____

Phone: _____

Financial Secretary's Name: _____

Email: _____

Address: _____

Phone: _____