

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, 2026
TO BE INCLUDED IN THE IRS NON-PROFIT RECOGNITION REPORT.

DIVISION REPORT

TAXES FILED DATE (Attach Form 990E): _____

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 - December 21, 2025 _____
2) INITIATED IN 2024 _____
3) REINSTATED IN 2024 _____
4) ADMITTED BY TRANSFER _____
5) **TOTAL MEMBERSHIP before decreases** _____
(add lines 1, 2, 3, & r 4) _____

DECREASES

6) DEATHS _____
7) RESIGNED _____
8) SUSPENDED _____
9) TRANSFERRED _____
10) **TOTAL DECREASE** _____
(add lines 6, 7, 8, & r 9) _____
11) MEMBERSHIP DECEMBER 31, 2025 _____
(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

President's Name: _____

Email: _____

Address: _____

Phone: _____

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

Year Ending: December 31, 2025

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) _____

	PAID	By 2/15/2026	After 2/15/2026
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	_____	_____

Financial Secretary's Name: _____

Email: _____

Address: _____

Phone: _____