

This form must be included with your Per Capita Check. Division Per Capita must be paid by February 15, 2018 to be included in the IRS Non-Profit recognition report.

**Ancient Order of Hibernians in America, Inc.**  
**NYS - DIVISION FINANCIAL REPORT- FORM 11**  
**Year Ending December 31, 2017**

**DIVISION REPORT**

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, 2017 \_\_\_\_\_  
 2) INITIATED IN 2017 \_\_\_\_\_  
 3) REINSTATED IN 2017 \_\_\_\_\_  
 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, 2017  
*(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** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, St Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_

**MAIL TO:**  
**John J. Manning, NYS Secretary**  
 204-10 9th Avenue  
 Breezy Point, NY 11697  
 - and -  
 County Secretaries where applicable.

**FINANCIAL REPORT**

**RECIPTS**

(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)* \_\_\_\_\_

**DO YOU HAVE A JUNIOR DIVISION?**  
 YES  NO

**PLEASE MAKE ALL CHECKS PAYABLE TO AOH NYS BOARD**

State Per Capita Tax*	\$ 5.50
State Initiations	\$1.50
State Reinstatements	\$1.00
* Postmarked after January 31	\$6.00
* Postmarked after March 31	\$6.50

**PLEASE MAKE SEPERATE CHECKS FOR INITIATION FEES**

2017 Per Capita Tax	_____
2017 Initiations	_____
2017 Reinstatements	_____

*Print and sign here*

**Financial Secretary** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, St, Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_