

This form must be submitted to the National Secretary by  
February 15, 2017  
to be included in the IRS Tax Exempt recognition report.

**Ancient Order of Hibernians in America, Inc.**  
**STATE AND COUNTY BOARD REPORT FOR**  
**TAX-EXEMPT STATUS- FORM 12**

**Year Ending December 31, 2015**

Please select type of board for whom this report is submitted.

\_\_\_\_\_ **STATE BOARD**      \_\_\_\_\_ **COUNTY BOARD**

**FEDERAL EIN#** \_\_\_\_\_

**STATE BOARD** completes the following.

**STATE** \_\_\_\_\_

**NUMBER OF DIVISIONS IN STATE** \_\_\_\_\_

**NUMBER OF COUNTY BOARDS IN STATE** \_\_\_\_\_

**COUNTY BOARD** completes the following.

**STATE** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**NUMBER OF DIVISIONS IN COUNTY** \_\_\_\_\_

**STATE OR COUNTY MAILING ADDRESS**

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**CITY, ST, ZIP** \_\_\_\_\_

**PRIMARY CONTACT** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

Print and sign here

**President**

**Address** \_\_\_\_\_

**City,St Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**MAIL TO:**  
**Ancient Order of Hibernians in America**  
P.O. Box 539  
West Caldwell, NJ 07007  
- and -  
State & County Secretaries where applicable.

**FINANCIAL REPORT**

**RECIEPTS**

(a) **FROM INITIATION DUES** \_\_\_\_\_

(b) **FROM OTHER SOURCES** \_\_\_\_\_

(c) **CASH BALANCE ON** \_\_\_\_\_

(d) **TOTAL** \_\_\_\_\_

(add lines a, b, & c)

**EXPENDITURES**

(e) **A.O.H. MISSIONS and**  
**CHARITIES FUND** \_\_\_\_\_

(f) **OTHER CONTRIBUTIONS** \_\_\_\_\_

(g) **ALL OTHER EXPENSES** \_\_\_\_\_

(h) **TOTAL EXPENDITURES** \_\_\_\_\_

(i) **CASH ON HAND CURRENTLY** \_\_\_\_\_

(deduct line h from line d)

(j) **BONDS, STOCKS, etc.** \_\_\_\_\_

(k) **REAL ESTATE** \_\_\_\_\_

(l) **TOTAL ASSETS** \_\_\_\_\_

(add lines i, j & k)

Print and sign here

**Financial Secretary**

**Address** \_\_\_\_\_

**City,St,Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_