

This form must be included with your Per Capita Check. Divison Per Capita must be paid by February 15, 2019 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, 2018

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, 2018 _____
 2) INITIATED IN 2018 _____
 3) REINSTATED IN 2018 _____
 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, 2018
(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

RECIIEPTS

(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

2018 Per Capita Tax _____
2018 Initiations _____
2018 Reinstatements _____

Print and sign here

Financial Secretary _____
Address _____
City, St, Zip _____
Phone _____
Email _____