

**FORM 11**

\_\_\_\_ TO COUNTY BOARD  
 \_\_\_\_ TO STATE BOARD



**Ancient Order of Hibernians in America, Inc.**

**FLORIDA'S DIVISION FINANCIAL-TAX REPORT**  
 for the year ending **December 31, 2014**

**MEMBERSHIP REPORT**

**2014**

**FINANCIAL REPORT**

Federal ID #: \_\_\_\_\_  
 Division Number: \_\_\_\_\_  
 Division Name: \_\_\_\_\_  
 County: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 State, District: \_\_\_\_\_  
 Date Organized: \_\_\_\_\_  
 Meeting Place: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Meeting Day/Time: \_\_\_\_\_

**INCREASES**

- 1) Membership - as of Jan 1st, **2014**

1	
---	--
- 2) Initiated in **2014**

2	
---	--
- 3) Reinstated in **2014**

3	
---	--
- 4) Transferred in **2014**

4	
---	--
- 5) **TOTAL INCREASE** (add lines 1-4) 

5	
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**DECREASES**

- 6) Deaths 

6	
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- 7) Resigned 

7	
---	--
- 8) Suspended 

8	
---	--
- 9) Transferred 

9	
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- 10) **TOTAL DECREASE** (add lines 6-9) 

10	
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11) **TOTAL MEMBERSHIP** (Dec 31, **2014**) 

11	
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 (deduct line 10 from line 5)

- 12) Priest/Religious Community 

12	
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- 13) Members in Armed Forces 

13	
----	--
- 14) National Board Life Members 

14	
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- 15) **TOTAL** (add lines 12-14) 

15	
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**TOTAL MEMBERS** subject to per capita tax 

16	
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 (deduct line 15 from line 11)

	<b>2014</b>	
<b>NATIONAL PER CAPITA TAX</b>	See Nat Form	<b>\$12.00</b>
<b>INITIATIONS</b>	See Nat Form	<b>\$2.00</b>
<b>REINSTATEMENTS</b>	See Nat Form	<b>\$1.00</b>
Please make a separate check for the National Initiation Fees		
<b>STATE PER CAPITA TAX:</b>		<b>\$8.00</b>
<b>INITIATIONS</b>		<b>\$3.00</b>
Please make a separate check for the State Initiation Fees		
<b>COUNTY PER CAPITA TAX:</b>		<b>\$1.00</b>

President: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Secretary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**RECIPTS**

- a) From Initiations, Dues 

a	
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- b) From Other Sources 

b	
---	--
- c) Cash Balance on LAST report 

c	
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- d) **TOTAL** (add a, b, & c) 

d	
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**EXPENDITURES**

- e) AOH Missions & Charities 

e	
---	--
- f) Other Contributions 

f	
---	--
- g) Assessments from **2011**

County	
State	
National	

g	
---	--
- h) All other expenses 

h	
---	--
- i) **TOTAL** expenditures (add e, f, g, & h) 

i	
---	--
- j) **CASH** on Hand *subtract l from d*

j	
---	--
- k) Bonds, Stocks, etc. 

k	
---	--
- l) Real Estate 

l	
---	--
- m) **TOTAL** assets (add j, k & l) 

m	
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Do you have a **JUNIOR DIVISION**?  Y  N

**For the National Financial Report, use Form 11: National Division Tax Report**

**Copies of this report must be submitted to National, State and County Secretary's by FEBRUARY 15th, 2014**

**Make State Checks payable to the Florida State Board of the AOH**

**NATIONAL: MAIL TO: Jere E. Cole, Jr.**  
 P. O. Box 539  
 West Caldwell, NJ 07006-7138

**STATE: MAIL TO: Francis X. Delaney**  
 2601 S Fairway Drive  
 Melbourne, FL 32901-5822