



Mended HeartsTM

2017 Annual Report - Financial Worksheet

Please enter all data from this worksheet online in the Officer Portal of mendedhearts.org. All chapter officers have access to the Annual Reports online. Archived 2016 reports are also available to view online. Please compile the needed information below in advance of computer data entry.

Chapter Location and Region

Period: Jan 1 through Dec 31, 2017

Chapter Name: _____

Chapter Number: _____

Chapter City: _____

Chapter State: _____

Region: _____ Select one: (Central, Mid-Atlantic, Midwest, Northeast, Rocky Mountain, Southern, Southwest, Western) Note: If unsure of region, please check [mendedhearts.org/FIND CHAPTERS](http://mendedhearts.org/FIND_CHAPTERS) for map of color-coded states and regions.

Financial Institution Information

Name of Financial Institution: _____

Account Number: _____

Bank Routing Number (*typically it is nine digits long and is the first group of numbers at the bottom of a check*): _____

First Signatory: _____

Second Signatory: _____

Please note by MH policy, the first and second signatories cannot be related or live in the same household. If related or from same household, please explain: _____

Chapter Dues

Does your chapter require annual dues? Yes____No____

If Yes, what are the annual dues for an individual: _____

If Yes, what are the annual dues for a family: _____

Does your chapter require dues for national Lifetime members?

Yes ____ No ____

If Yes, please explain: _____

REVENUE GENERATION

Please answer all of your questions in numerical format.

BALANCE ON HAND AS OF DECEMBER 31, 2016 (1) (Prior Fiscal Year) _____

Total Chapter Membership dues: _____

Number of Members: _____

Special Projects/Fundraisers

Project 1 amount:

\$ _____

Project 1 description:

Project 2 amount:

\$ _____

Project 2 description:

Project 3 amount:

\$ _____

Project 3 description:

Donations received from Individuals (numerical amount):

\$ _____

Donations received from Corporations (numerical amount):

\$ _____

Memorials (numerical *amount*):

\$ _____

Wills (numerical *amount*):

\$ _____

Interest earned:

\$ _____

TOTAL INCOME THIS CALENDAR YEAR (2):

COMBINED INCOME TOTAL (3):

EXPENSES

Purchase of Mended Hearts merchandise from National:

\$ _____

National Conference member travel:

\$ _____

National Conference program ad:

\$ _____

Cluster Meetings expenses:

\$ _____

Total amount of donations to external community organizations:

\$ _____

Donation 1 Amount:

\$ _____

Donation 1 Description:

Donation 2 Amount:

\$ _____

Donation 2 Description:

Donation 3 Amount:

\$ _____

Donation 3 Description:

Operating Expenses (i.e. postage, printing, office supplies):

\$ _____

Social/Picnics/parties/social activities: \$ _____

Fund-raising expenses: \$ _____

Miscellaneous 1 amount: \$ _____

Miscellaneous 1 Description: _____

Miscellaneous 2 amount: \$ _____

Miscellaneous 2 description: _____

Miscellaneous 3 amount: \$ _____

Miscellaneous 3 description: _____

TOTAL EXPENSES THIS FISCAL CALENDAR YEAR (4) _____

BALANCE AS OF DEC. 31, 2017 (Line 3 Income minus line 4 expenses) = (5) ** _____

*** If balance on hand exceeds \$5,000, chapters are required to have their officers bonded. Chapters must obtain a certificate of bond insurance and then send a copy of that bond to National. National now has an option for obtaining insurance bonding for chapters who haven't purchased insurance locally. Please contact Janette Edwards at Janette.edwards@mendedhearts.org for more information.*

Submission of the report by treasurer acts as electronic signature. ARD and RD will review and approve online.

Name of Person completing this report: _____

Email: _____

ARD Reviewer Name: _____

RD Reviewer Name: _____

FINISH