



# Mended Hearts™

## 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 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:

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Project 2 amount:

\$ \_\_\_\_\_

Project 2 description:

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Project 3 amount:

\$ \_\_\_\_\_

Project 3 description:

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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](mailto: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**