

Financial Report Form

NAME OF AFFILIATE _____

FISCAL YEAR DATES _____

TO _____

EIN: _____

INCOME / ASSETS:

INCOME / ASSETS	ITEM DETAILS	AMOUNT
DUES		
CONFERENCES		
FUNDRAISING		
FINANCIAL RESERVES		
OTHER SOURCES		
OTHER SOURCES		
OTHER SOURCES		
OTHER SOURCES		
TOTAL INCOME		

EXPENSES:

EXPENSES	DETAILS	AMOUNT
CONFERENCES		
FUNDRAISING		
MAILING		
OFFICE SUPPLIES		
PAID EMPLOYEES		
CONTRACTED SERVICES		
OFFICE COSTS		
OTHER EXPENSES		
OTHER EXPENSES		
OTHER EXPENSES		
TOTAL EXPENSES		

FISCAL YEAR TOTALS

TOTAL INCOME	
TOTAL EXPENSES	
CURRENT BALANCE	

NEXT FISCAL YEAR

EXPECTED INCOME	
EXPECTED EXPENSES	
ANTICIPATED LOSS/GAIN	

SIGNATURE

SIGNATURE _____

DATE _____