

EXHIBIT A

Contributions of \$5,000 or more made to your Conference/ District

Conference/ District Name: _____

NOTE: If you have more than three contributions of \$5,000 or more; copy this page as needed prior to completing.

Fiscal Year Ended: September 30, 2010

1 Contributor Name: _____

Contributor Address: _____

Date Contributed: _____

Amount Contributed: _____

2 Contributor Name: _____

Contributor Address: _____

Date Contributed: _____

Amount Contributed: _____

3 Contributor Name: _____

Contributor Address: _____

Date Contributed: _____

Amount Contributed: _____

NOTE: You must maintain a record of any contribution of cash, check, or other monetary gift. This record must be a bank record or written acknowledgment.

Exhibit A-1

Non-Cash Contributions of \$75.00 or more made to your Conference/ District

Conference/ District Name: _____

Note: If you have more than three non-cash contributions* of \$75.00 or more; copy this page as needed prior to completing.

*Non-cash items include but are not limited to gift cards, food, furniture and clothing

Fiscal Year Ended: September 30, 2010

1. Contributor Name: _____

Contributor Address: _____

Date Contributed: _____

Details of non-cash
Item contributed: _____

2. Contributor Name: _____

Contributor Address: _____

Date Contributed: _____

Details of non-cash
Item contributed: _____

3. Contributor Name: _____

Contributor Address: _____

Date Contributed: _____

Details of non-cash
Item contributed: _____

Please note there is a special treatment for non cash item over \$5,000. If you have received any such contributions, please contact us.

EXHIBIT B

Fund Raising

Conference/ District Name: _____

Tax Year Ended: **September 30, 2010**

Total number of events: _____

NOTE: If you have more than three events, please copy this page as needed prior to completing.

Summary of the revenue and expenses of the three (3) events generating the most gross receipts:

Fundraising Event:	1	2	3	All Other Events	Total
Gross Receipts	\$ _____	\$ _____	\$ _____	\$ _____	\$ <input style="width: 50px;" type="text"/>
Less: Amount of any contributions included in gross receipts	_____	_____	_____	_____	<input style="width: 50px;" type="text"/>
Equals: Gross revenue	_____	_____	_____	_____	<input style="width: 50px;" type="text"/>
Less: Direct expenses	_____	_____	_____	_____	<input style="width: 50px;" type="text"/>

Report as direct expenses cost incurred while a) publicizing and conducting fundraising campaigns, b) soliciting bequests and grants from foundations or other organizations, c) participating in federated fundraising campaigns, d) preparing and distributing fundraising manuals instructions and other materials and (e) conducting special events that generate contributions (please see the Note below).

Equals: Net income/(loss)	\$ _____	\$ _____	\$ _____	\$ _____	\$ <input style="width: 50px;" type="text"/>
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Place Total
on Line 3
Treasurer's
Report
Fundraising
Proceeds

Description of each event:

- 1 _____

 - 2 _____

 - 3 _____

- (All other events)**
- _____
- _____
- _____
- _____
- _____
- _____

NOTE: Activities such as dinners, door-to door sale of merchandise, carnivals, bingo games, raffles, can produce both contributions and revenue. If a buyer, at such a special event, pays more for goods or services that their retail value, report as contributions any excess of the retail/nominal value; include the related expenses, if any, as fundraising expenses (see also Exhibit D).

EXHIBIT C

Details of Specific Assistance Provided to Individuals/ "Those We Serve"

Conference/ District Name: _____

Tax Year Ended: September 30, 2010

NOTE: If you need more space, please copy this page as needed prior to completing.

<u>Type of Activity in Which Payment Was Made</u>	<u>Total of Payments</u>	<u>Number of Recipients</u>
1. Payment for food for families (e.g. gift cards)	\$ _____	_____
2. Rent/shelter subsidies for families (payments made directly to landlords)	_____	_____
3. Medical, dental and hospital fees and charges paid to provide care	_____	_____
4. Utility payments made for specific families	_____	_____
5. Direct cash assistance made for specific families	_____	_____
6. Other _____ _____	_____	_____
7. Other _____ _____	_____	_____
8. Other _____ _____	_____	_____
9. Other _____ _____	_____	_____
10. Other _____ _____	_____	_____
11. Other _____ _____	_____	_____
Total Payments	\$ 	

Place total on Line 6 of Treasurer's Report (Those We Serve)

NOTE: Report only direct payments to or for the benefit of a particular person or family; including assistance rendered by others at the expense of your conference.

For example: report payments to hospital to cover the medical expenses of particular individual, but do not report a contribution to hospital to provide service to general public or unspecified charity patients.

EXHIBIT D

Conference Operating Expenses

Conference/ District _____

Fiscal Year Ended: September 30, 2010

Postage \$ _____

Office Supplies (paper, etc.) \$ _____

Telephone \$ _____

Mileage/ Travel Reimbursement \$ _____

Direct Fund Raising Expenses From Exhibit B \$ _____

Other Operating _____ \$ _____
Describe

Other Operating _____ \$ _____
Describe

Other Operating _____ \$ _____
Describe

Other Operating _____ \$ _____
Describe

Other Operating _____ \$ _____
Describe

Other Operating _____ \$ _____
Describe

TOTAL \$

Place total on Line 11 of Treasurer's Report

EXHIBIT D - 1

Other Expenses

Conference/ District _____

Fiscal Year Ended: September 30, 2010

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

Other Expense _____ \$ _____
Describe

TOTAL _____ \$

Place total on Line 12 of Treasurer's Report

EXHIBIT E

Other Income

Detail of amount reported as "Other" income (Line 5 Treasurer's Report)

If you have a Certificate of Deposit, Money Market or Investment account; please complete Exhibit E-1 as well.

Conference/ District Name: _____

Fiscal Year Ended: September 30, 2010

<u>AMOUNT</u>	<u>DESCRIPTION</u>
\$ _____	<u>Interest income</u> Interest from saving, CD, money market funds; dividends and interest from stocks, bonds, publicly traded securities. Please provide copies from broker/investment company statement as of 9/30/10.
\$ _____	<u>Endowment funds</u> Please provide copies from broker/investment company statement as of 9/30/10.
\$ _____	<u>Grants & Scholarships</u> Please provide details for all grants/scholarships awarded.
\$ _____	<u>Rental Income</u> Please provide details for the investment property.
\$ _____	Other - please describe.
\$ _____	
\$ _____	
\$ _____	

Total \$ Total should match Line 5 Treasurer's Report

NOTE: Please make some attempt to breakdown/describe the amounts you reported as "Other income." Any transfers/withdrawals from your investment accounts should be reported as increase/decrease in the available cash, not as other income/expense.

EXHIBIT E -1

Other Accounts*

***Other accounts = Accounts other than Conference Business checking account.**

(I.e.) Certificate of Deposit, Money Market or investment accounts.

Conference/ District Name: _____

NOTE: If you have more than one "Other Account", please copy this page as needed prior to completing.

Beginning Balance October 1, 2009*

\$

*Should be September 30, 2009 Ending balance

*Explain if different _____

ADD:

DESCRIPTION

Transfers from checking

Other deposit (please describe)

Interest, Dividends, Gains

LESS:

Transfers to checking

Fees

Other disbursements (please describe)

Ending Balance at September 30, 2010

\$