

TREASURER'S REPORT CHECKLIST

Before submitting your Treasurer's Report to the Guild Association, please review the following steps.

1. Have you read the Treasurer's Compliance Manual and attended a Treasurer's Workshop? If not, please contact the Guild Association at (206) 987-2153 or (800) 635-1432 to receive a copy of the manual or information about attending a workshop.
2. All revenue received in the name of Children's Hospital through activities and fundraising events belongs to the hospital. Sufficient funds may be retained to meet expenses. All other revenue must be sent to the Guild Association. If you are retaining a balance, have you indicated the amount on your Treasurer's Report? If you are in doubt as to an appropriate amount to retain, please contact the Guild Association.
3. Have you followed the procedures for credit card transactions as listed on page two of the Treasurer's Compliance Manual (i.e. alphabetize transactions, bundle with adding machine tape, etc.)? Have you double checked the total dollar amount of credit cards to be processed?
4. Do you have any unpaid donors? If yes, please list unpaid names and amounts in section seven of the Treasurer's Report. When funds are received, please send to the Guild Association with appropriate notation and proof of payment.
5. If you paid a service provider (caterer, auctioneer, florist, etc.) \$600 or more during the current calendar year, have you obtained a form W-9 from them and sent it to the Guild Association?
6. If your event included a raffle, have you included the green Raffle Report Form? If you raffled prizes valued at \$600 or more, have you included a W-9 form for each winner?
7. If your event included an auction, have you completed section six of the Treasurer's Report and attached the requested information?

Please remember:

- Do not mail cash.
- Deliver credit card drafts or send using certified mail.
- Corporate matching gift forms must be completed by the Guild Association. When your guild receives a matching gift form from a donor, please mail the form to the Guild Association for completion and submission to the company's matching gifts department. Your guild will receive credit for the matching gift.
- If your guild participates in the calendar project, mail calendar revenue to the Dreams of Hope Guild.
- All financial records must be audited at least annually. (See Treasurer's Compliance Manual for further auditing instructions.)
- The recommended Treasurer's term is two years.
- All volunteer hour credit for this event can be reported on the Treasurer's Report.

TREASURER'S REPORT

Please complete all applicable sections of the Treasurer's Report within 90 days after your event(s) or project(s). If you are using the Report for more than one event or project, please indicate the start date and end date of your reporting period below. Please attach additional pages or a spreadsheet where necessary. You will note that we included example tables beneath each section that requires additional information. Please include all the information shown in the example table in your attachments. Please also attach a copy of your invitation, flyer, or brochure for each event or project. If you have any questions when completing the Report, please contact the Guild Association accountant at (206) 987-2153 or (800) 635-1432.

Guild Name: _____ Guild Number: _____

Treasurer's Name: _____

Treasurer's Daytime Phone: _____ Treasurer's E-mail: _____

Event(s)/Project(s) Name and Date: _____

1. Financial Summary:

Gross (Total) Event Revenue Received	\$ _____
Total Expenses (breakdown may be required with bank statements at the end of the fiscal year)	\$ _____
Net Event Revenue (gross less expenses)	\$ _____

Credit Card Revenue to be processed by Guild Association	\$ _____
Amount of check to Guild Association	\$ _____
Total	\$ _____
Amount retained for start up funds (if any)	\$ _____

2. Event Tickets (not raffle related):

Number of Tickets Sold	_____
Total Ticket Revenue	\$ _____
Price per Ticket	\$ _____
Non-Tax Deductible Amount per Ticket	\$ _____

If you had more than one ticket price, please attach a breakdown of all options.

3. Sponsors: Please attach a list of all cash sponsors of your event.

Name	Address	Amount (less goods and services provided)
		\$

Please attach a list of all in-kind sponsors of your event who donated goods or services (printing, catering, etc.) valued at \$1,000 or more. Please include an approximate value of the in-kind donation.

Name	Address	Description of in-kind donation	Value
			\$

4. Donors: Please attach a list of all individual donors who made monetary donations. Only list donors who are paid in full. If you had an auction, list Raise the Paddle donors here.

Name	Address	Amount
		\$

5. Raffle Information: If you had a raffle, please attach your green Raffle Report Form and a W-9 form for each winner of a prize valued at \$600 or more. The Raffle Report Form and W-9s are available through the Guild Association.

6. Auction Information: Please attach a list that includes the information below. Do not include event ticket purchases or raffle ticket purchases. You may e-mail your spreadsheet or auction database to the Guild Association. If you would like an example spreadsheet sent to you, please contact the Guild Association.

Description of Item	Value	Amount Paid	Name/Address of Buyer
	\$	\$	

7. Unpaid Attendees: If you have attendees with an outstanding balance for auction purchases or donations, please attach a list of names and amounts.

Name	Amount
	\$

8. In-Kind Donations: In-kind donations can range from hand-made items to toys purchased for Recreational Therapy. To receive credit in the Annual Report, please attach a list of in-kind donations.

Description of Item	Value
	\$

9. Volunteer Hour Credit: Please list total volunteer hours for your guild members for this event. Also include hours for any guild related volunteer activities, including guild meetings, thrift stores, and in-hospital volunteer hours completed and not listed on your last Treasurer's Report. Hours are credited in the Annual Report.

Total Hours _____

Please retain a complete copy of this report for your records.