



## **Treasurer's Report Guidelines**

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

1. Have you read the Guild Association's fundraising policies and compliance commitment in the Resource Guide? If not, contact the Guild Association at (206) 987-2153 or (800) 635-1432 to receive a copy or view it online.
2. All revenue received in the name of Seattle 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, please indicate 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 in the Resource Guide? If you used our electronic credit card machines for your event, please refer to the instructions provided. Credit cards are time sensitive and should be processed within two weeks of your event.
4. Do you have any unpaid donors? If yes, please list unpaid names and amounts in section eight of the Treasurer's Report. When funds are received, please send to the Guild Association with appropriate notation and proof of payment.
5. Guilds don't have to pay sales tax for tangible items included in your event ticket price (like food, beverage, giveaways or resold merchandise). The Guild Association can provide a Washington State reseller permit upon request.
6. If your event included a raffle, have you completed and attached the Raffle Activity 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:**

- Attach copies of event advertising and promotion such as: invitations, auction brochures, posters and website address if applicable.
- Do not mail cash.
- Deliver credit card transactions in person or send using UPS, FedEx or Certified Mail to our street address.
- 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. *Matching funds cannot be accepted by the hospital until your guild provides all donor information.*
- 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 Resource Guide for further auditing instructions).
- The recommended Treasurer's term is two years.
- All volunteer hour credit for this event can be included on the last page of the Treasurer's Report.

**Please send completed Treasurer's Reports with appropriate documentation to:**

**Seattle Children's Hospital Guild Association**

**Mailing Address: PO Box 5371 / S-200 Seattle, WA 98145**

**(206) 987-2153 or (800) 635-1432**

**Street Address: 6901 Sand Point Way NE Seattle, WA 98115**

**Treasurer's Report**

Please complete all applicable sections of the Treasurer's Report within 90 days after your event(s) or project(s). Please use a separate report for each event. Please attach additional pages or spreadsheets where necessary.

Include all the information requested. Please also attach a copy of your invitation, flyer, and/or brochure for each event or project. If you have any questions when completing the Report, please contact the Guild Association at (206) 987-2153 or (800) 635-1432.

**Guild Name:** \_\_\_\_\_ **Guild Number:** \_\_\_\_\_

**Treasurer's Name:** \_\_\_\_\_

**Treasurer's Email:** \_\_\_\_\_ **Treasurer's Daytime Phone:** \_\_\_\_\_

**Event/Project Name and Date:** \_\_\_\_\_

**1. Financial Summary:**

Gross (Total) Event Revenue Received \_\_\_\_\_ \$  
(including funds received and processed at the Guild Association)

Total Expenses (breakdown may be required with bank statements at the end of the fiscal year) \_\_\_\_\_ \$

Net Event Revenue (gross event revenues less total expenses) \_\_\_\_\_ \$

Expense Ratio (total expenses/gross event revenue) \_\_\_\_\_ %  
**35% or less is the recommended standard**

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 - if applicable (not raffle related):**

Number of Tickets Sold \_\_\_\_\_

Total Ticket Revenue \_\_\_\_\_ \$

Price per Ticket \_\_\_\_\_ \$

Tax Deductible Amount per Ticket \_\_\_\_\_ \$

**3. Did your guild pay a service provider (caterer, auctioneer, printer, etc.) \$600**

Yes/No

If yes, have you obtained a completed form W-9 from them? include total amount paid to each service provider and type of service provided.

Yes/No

**For #4 - 8, please attach or email (preferred) a spreadsheet indicating the requested information. Contact the Guild Association for electronic templates.**

**4. Sponsors:** Please attach a list of all cash sponsors of your event. This list should include: *Name, address, gross sponsorship amount, fair market value of goods and services provided and net sponsorship (gross sponsorship 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. Include an approximate value of the in-kind donation. This list should include: *Name, address, description of in-kind donation, dollar value amount*

**5. 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. This list should include: *Name, address, dollar amount (include donations not provided through other sections of report such as: gifts made prior to event, etc.)*

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

**7. Auction Information:** Please attach a list that includes the information below. Do not include event ticket purchases or raffle ticket purchases. You may email your spreadsheet to the Guild Association. If you would like an example spreadsheet sent to you, please contact the Guild Association. This list should include: *Description of auction item, fair market value, amount paid, name and address of buyer.*

**8. Unpaid Attendees:** If you have attendees with an outstanding balance for auction purchases or donations, please attach a list of names and amounts. This list should include: *Name, dollar amount, type of outstanding balance.*

**9. In-Kind Donations to the Hospital:** In-kind donations can range from hand-made items to toys purchased for our Child Life department. To receive credit in the Annual Report, please attach a list of in-kind donations. This list should include: *Description of item, value*

**10. 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 store shifts and in-hospital volunteer hours completed and not listed on your last Treasurer's Report. Hours are credited in the Guild Association Annual Report published every spring.

**Total Hours:** \_\_\_\_\_

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

Hope. Care. Cure.™

MS S-200  
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Seattle, WA 98145  
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guildassociation@seattlechildrens.org