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1891 financial life

2024 ANNUAL ACTIVITY REPORT
PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 15, 2025.

Impact Team Name and Number: _____

City: _____ **State:** _____ **Date:** _____

Please use this report to provide the number of activities allocated to meetings, events, or other Impact Team sponsored activities. Individuals who volunteer on behalf of the Society can be included in your total hours. These statistics are required – they are necessary to maintain our not-for-profit status.

MONTHLY MEETINGS & FELLOWSHIP

Meetings may include: Monthly meetings, not fundraisers or charitable acts meetings. This includes any meeting where two or more members were in attendance.

Activities may include: Church Picnics, Anniversary and Holiday parties, and other social gatherings.

Use the chart below to tally hours for meetings and activities:

A **- MEMBERS:**   Report the number of members at the meeting.
B **- HOURS:**   Number of hours, EXAMPLE: a 1 hour meeting.
C **- TOTAL:**   Multiply the 'number of members' by 'the hours of meeting' = 'total'
       A x B = C   EXAMPLE: **6 members x 1 hour meeting = 6 total**

MEETING COSTS: Report all costs to hold the meeting/activity. Include postage for notices, hall rental, office supplies, refreshments for the meetings.

MEETING: DATE/TYPE	A #MEMBERS AT MEETING?	X B #HOURS OF MEETING?	= C TOTAL	MEETING COSTS
Annual Election – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
Meeting/Activity – date:				
TOTAL:				

ANNUAL OFFICER TRAINING COMPLETED ON (DATE): _____

FUNDRAISERS & CHARITABLE ACTS

Report the number of events your Impact Team has sponsored or helped to sponsor, which assist the needy or improves the community at large.

Fundraisers may include: Hearts and Hands events, Alzheimer's Support, etc.
Charitable acts may be: Join Hands Day, Make a Difference Day, Blood Drives, Food Collections (events without matching funds or grants).

Planning Example:

A **- MEMBERS:**   Report the number of members and volunteers that planned the event.
B **- HOURS:**   Number of hours to plan, EXAMPLE: a 1 hour of planning.
C **- TOTAL:**   Multiply the 'number of members' by 'the hours of to plan' = 'total'
      A x B = C   EXAMPLE: **6 members x 1 hour meeting = 6 total**

Event Example:

D **- MEMBERS:**   Report the number of members and volunteers that worked on the event.
E **- HOURS:**   How long was the event, EXAMPLE: 2 hours for Join Hands Day.
F **- TOTAL:**   Multiply the 'number of members' X 'the hours of event' = 'total'
      D x E = F   EXAMPLE: **4 members x 2 hour Join Hands Day Event = 8 total**

DISBURSEMENTS: Report the total amount of money spent from your treasury to assist the needy or to improve your local community. You may *not* include matching funds from the Home Office. Only funds raised by the Impact Team and used for charitable contributions may be included.

PLANNING				EVENT			
	A X	B =	C	D X	E =	F	
YOUR EVENT: DATE/TYPE OF EVENT	# MEMBERS TO PLAN?	# HOURS TO PLAN?	TOTAL 1	# MEMBERS AT EVENT?	# HOURS OF EVENT?	TOTAL 2	DISBURSEMENTS (FUNDS PAID OUT)
TOTAL:							

PRESIDENT OR TREASURER SIGNATURE REQUIRED:

_____   _____   _____
POSITION   PRINT NAME   SIGNATURE

_____   _____   _____
EMAIL   PHONE   DATE

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MEETING: DATE/TYPE	A X B = C			
	# MEMBERS AT MEETING?	# HOURS OF MEETING?	TOTAL	MEETING COSTS
Annual Election – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
Meeting – date:				
TOTAL:				

ANNUAL OFFICER TRAINING COMPLETED ON (DATE): _____

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PLANNING				EVENT			
	A X B = C			D X E = F			
YOUR EVENT: DATE/TYPE OF EVENT	# MEMBERS TO PLAN?	# HOURS TO PLAN?	TOTAL 1	# MEMBERS AT EVENT?	# HOURS OF EVENT?	TOTAL 2	DISBURSEMENTS (FUNDS PAID OUT)
TOTAL:							

PRESIDENT OR TREASURER SIGNATURE REQUIRED:

_____   _____   _____

POSITION   PRINT NAME   SIGNATURE

_____   _____   _____

EMAIL   PHONE   DATE