

PROJECT/FUNDRAISER YEAR END SUMMARY

ASSEMBLY NAME: _____

ASSEMBLY NO: _____

TAX ID NUMBER/EIN #: _____

PREPARED BY: _____

Print and Sign

Project No.	Project Name	Project Date	Term Spring Summer Fall	Receipts Assembly Budget	Assembly Budget Expenses	Receipts Grand Service	Grand Service Expenses
1							
2							
3							
4							
5							
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28							
29							
30							

	TOTALS				
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Annual Financial Report of Organization Exempt from Income Tax	*Line 4	*Line 20 & 21	*Line 3	*Line 18
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* These totals should be carried over to the appropriate Revenue Line or Expense Line on the Annual IRS Financial Report