

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 Fall	Receipts <u>NOT</u> Grand Service	Receipts Grand Service	Expenses
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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26						
27						
28						
29						
30						

TOTALS

Annual Financial Report of Organization Exempt from Income Tax	*Line 4	*Line 5	*Line 17
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* These totals should be carried over to the appropriate Revenue Line or Expense Line on the Annual IRS Financial Report