

MINNESOTA COUNCIL FOR THE GIFTED AND TALENTED  
ANNUAL CHAPTER UPDATE  
FOR CHAPTER: \_\_\_\_\_

Date: \_\_\_\_\_

Chapter Address (if you have a P.O. box or other address that is used consistently used for mailings):  
\_\_\_\_\_

School District Number: \_\_\_\_\_

School District Name: \_\_\_\_\_

Board Members - Please list President, Treasurer, and at least one other board position as a minimum. All Board members must be current MCGT member.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address (including City/State/Zip):  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address (including City/State/Zip):  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address (including City/State/Zip):  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address (including City/State/Zip):

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Phone:(\_\_\_\_)\_\_\_\_\_ E-mail Address:\_\_\_\_\_

Name:\_\_\_\_\_ Position:\_\_\_\_\_

Address (including City/State/Zip):

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Phone:(\_\_\_\_)\_\_\_\_\_ E-mail Address:\_\_\_\_\_

Name:\_\_\_\_\_ Position:\_\_\_\_\_

Address (including City/State/Zip):

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Phone:(\_\_\_\_)\_\_\_\_\_ E-mail Address:\_\_\_\_\_

If there are more Board members than spaces above, please attach a separate sheet with the additional Board member's information.

Person to be listed as contact in Outlook newsletter:

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E-mail address to receive e-mails sent to chapter's @mcgt.net address:

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E-mail address to receive monthly Chapter Member listing:

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Person to receive monthly rebate checks from MCGT:

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MINNESOTA COUNCIL FOR THE GIFTED AND TALENTED  
ANNUAL FINANCIAL REPORT  
FOR CHAPTER: \_\_\_\_\_

Treasurer's Name (print): \_\_\_\_\_

Accounting Period:

Start date:

\_\_\_\_\_

End date:

\_\_\_\_\_

Balance at Start Date:

\$ \_\_\_\_\_

Amount received during Accounting Period:

\$ \_\_\_\_\_

Total Expenses during Accounting Period:

\$ \_\_\_\_\_

Balance at End Date:

\$ \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Treasurer's Street Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Phone Number:

(\_\_\_\_) \_\_\_\_\_

E-mail Address:

\_\_\_\_\_

NOTE 1: Annual reports are due to the MCGT Treasurer on October 1<sup>st</sup> each year for the purpose of filing MCGT's annual return. Because local chapters are affiliated with MCGT, they are not required to, and should not, file annual returns with the IRS.

NOTE 2: If at any time during the accounting period named above, receipts equal or exceed \$5,000, notify the MCGT Treasurer immediately.

MINNESOTA COUNCIL FOR THE GIFTED AND TALENTED  
INCOME AND EXPENSE STATEMENT  
FOR CHAPTER: \_\_\_\_\_

START DATE: \_\_\_\_\_

BALANCE AT START DATE: \$ \_\_\_\_\_

INCOME:

Member Dues Received to Chapter: \$ \_\_\_\_\_

Member Rebates from MCGT: \$ \_\_\_\_\_

Fund Raisers: \$ \_\_\_\_\_

(Attach a list of fundraising activities and income from each.)

Donations: \$ \_\_\_\_\_

(Attach a list of donors and amounts from each.)

Other Income Sources: \$ \_\_\_\_\_

(Attach a description of other sources and amounts.)

TOTAL INCOME: \$ \_\_\_\_\_

EXPENSES:

Member Rebates to MCGT: \$ \_\_\_\_\_

Copying/Printing: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Program Expenses, including speaker fees: \$ \_\_\_\_\_

Children's Programs: \$ \_\_\_\_\_

Refreshments: \$ \_\_\_\_\_

Mailing: \$ \_\_\_\_\_

Mileage: \$ \_\_\_\_\_

Other Expenses: \$ \_\_\_\_\_

(Attach a description of other expenses and amounts.)

TOTAL EXPENSES:

\$ \_\_\_\_\_

END DATE:

\_\_\_\_\_

BALANCE AT END DATE:

\$ \_\_\_\_\_