

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  
consistently used for mailings): \_\_\_\_\_  
\_\_\_\_\_

School District Name & Number: \_\_\_\_\_

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Address (including City/State/Zip):

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Address (including City/State/Zip):

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

*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 on MCGT Website:

\_\_\_\_\_

Email address to receive emails sent to chapter's @mcgt.net email address:

\_\_\_\_\_

Person to receive rebate checks from MCGT:

\_\_\_\_\_

Do you have a chapter bank account? Please select one:

Yes, our chapter bank account is at this bank: \_\_\_\_\_

(You MUST continue to fill out the rest of this report)

The MCGT office manages our bank account

(You do NOT have to continue filling out this form)

No, we do not have a bank account

(You do NOT have to continue filling out this form)

MINNESOTA COUNCIL FOR THE GIFTED AND TALENTED  
ANNUAL FINANCIAL REPORT

FOR CHAPTER: \_\_\_\_\_

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

\*\*\*PLEASE INCLUDE A COPY OF YOUR AUGUST BANK STATEMENT  
WITH THIS REPORT\*\*\*

Please list everyone who has access to your bank account. Do they have a  
debit card?

Name (print): \_\_\_\_\_ Debit card? Yes No

Name (print): \_\_\_\_\_ Debit card? Yes No

Name (print): \_\_\_\_\_ Debit card? Yes No

Name (print): \_\_\_\_\_ Debit card? Yes No

Name (print): \_\_\_\_\_ Debit card? Yes No

Accounting Period:

Start date: September 1, 20\_\_

End date: August 31, 20\_\_

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 tax return. Because local chapters are affiliated with MCGT, they are not required to, and **must not**, file annual returns with the IRS.

NOTE 2: If at any time during the accounting period named above, receipts (any income) 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: September 1, 20\_\_

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

Support of MCGT State Event: \$ \_\_\_\_\_

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

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

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

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

(Attach a description of other expenses and amounts.)

TOTAL EXPENSES: \$ \_\_\_\_\_

END DATE: August 31, 20\_\_\_\_

BALANCE AT END DATE: \$ \_\_\_\_\_