MINNESOTA COUNCIL FOR THE GIFTED AND TALENTED ANNUAL CHAPTER UPDATE

FOR CHAPTER:	Date:
Chapter Address (if you have a P.O. I	Box or other address that is
consistently used for mailings):	
Chapter Board Members - Please list	President, Treasurer, and at least one
other board position as a minimum. A	Il Board Members must be current
MCGT members.	
Name:	Position:
Address (including City/State/Zip):	
Phone: ()	Email:
Name:	Position:
Address (including City/State/Zip):	
Dhana ()	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 space additional Board Member's information.	es above, please attach a separate sheet with the	
Person to be listed as contact on Mo	CGT Website:	
	t to chapter's @mcgt.net email address:	
Person to receive rebate checks fro	om MCGT:	
Do you have a chapter bank account Yes, our chapter bank account is		
(You MUST continue to fill out		
The MCGT office manages our b		
(You do NOT have to continue	_	
No, we do not have a bank accou		
(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 A	JGUST B	ANK STATEM	ENT	
WITH THIS REPORT***				
Please list everyone who has access to your	bank acc	ount. Do they l	nave 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:	Se	ptember 1, 20_		
End date:	Aug	gust 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^{st} 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 ac	tivities and income from each.)
Donations:	\$
(Attach a list of donors and am	nounts 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:	\$			