

NAACP (LONG)

2010 ANNUAL FINANCIAL REPORT

(Must be filed with National Office by March 1, 2011)

(Group Tax Return due to be filed by the National Office to the IRS by May 15, 2011)

CHECKLIST OF THE ITEMS TO BE SUBMITTED TO THE NATIONAL OFFICE BY EACH UNIT

- Cover Letter (Do not return to the National Office)
- Annual Financial Report Instructions (Please read and follow very carefully). Keep in the Unit's files for reference. Do not return to the National Office.
- Unit Information and Attestation (Please complete with appropriate signatures). The President and Treasurer of every Unit must sign the Report to be submitted, even when a Paid Preparer is used to complete the Annual Financial Report. Paid Preparers should sign Part V.
- Schedule A & B Questionnaire for related income (Support Part I and must be completed before completing Part I)
- Schedule C List of Contributors
- Part I - Income (must be categorized as the form indicates)
- Part II - Functional / Other Expenses (list by category)
- Part III - Net Asset/Fund Balance Analysis

MAIL COMPLETED ANNUAL FINANCIAL REPORT TO:

**NAACP - NATIONAL OFFICE
4805 MT. HOPE DRIVE
BALTIMORE, MARYLAND 21215
ATTN: FINANCE DEPARTMENT (AFR)**

**FINANCE DEPARTMENT
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
4805 MOUNT HOPE DRIVE BALTIMORE, MARYLAND 21215 TEL # 410-580-5716**

**Re: 2010 ANNUAL FINANCIAL REPORT
(Must be filed with the National Office by March 1, 2011)**

Dear Sir/Madam:

The National Office of the NAACP is charged with the responsibility of ensuring that all NAACP Units conduct their activities in an efficient and effective manner. In executing this responsibility, the National Office provides guidance to each Unit in the form of consultation, memoranda and training. In addition, a "Unit Financial Bookkeeping Guide" is prepared and disseminated annually to each Unit. This guide outlines established financial and accounting policies to be followed by each Unit. Non-compliance with these policies and procedures jeopardizes the fiscal integrity of the Unit as well as the National Office tax-exempt status. To ensure compliance with policies and procedures and assist the National Office in preparing the Group Information Return (IRS Form 990) to be filed annually with the Internal Revenue Service, **each Unit must complete and submit the attached Annual Financial Report by March 1, 2011.**

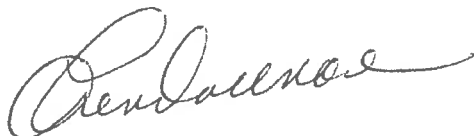
The Annual Financial Report is formatted to meet generally accepted principles and income tax accounting requirements. This format allows us to capture all aspects of the Unit's activities when preparing the Annual Group Tax Return. It also requires Units to maintain complete and accurate records.

According to the Internal Revenue Service instructions on preparing the Group Information Return (Form 990), **"every year, each local organization must authorize the central organization in writing to include it in the group return and must declare, under penalty of perjury, that the authorization and the information it submits to be included in the group return are true and complete."**

We strongly advise every preparer to read and follow the instructions provided because any incomplete or improper submission shall result in the report being returned to the Unit and the Unit excluded from the Group Information Return.

We thank you for your consideration and look forward to your full cooperation. Remember that we are here to serve you. Please call the National Office if assistance is needed.

Sincerely,



Brenda Watkins Noel
Chief Financial Officer

N A A C P (LONG)

ANNUAL FINANCIAL REPORT INSTRUCTIONS

ALL SEGMENTS OF THIS ANNUAL REPORT MUST BE COMPLETED

STEP #1

PLEASE VERIFY THAT YOU HAVE DOWNLOADED ALL THE REQUIRED SHEETS. **THE SIGNATURE PAGE, SCHEDULES A, B & C AND PARTS 1 THROUGH 3 MUST BE RETURNED TO THE NATIONAL OFFICE.**

IF YOU DO NOT RETURN THE ANNUAL REPORT IN THIS FORMAT WE WILL BE UNABLE TO ACKNOWLEDGE THE RECEIPT OF YOUR UNIT'S ANNUAL FINANCIAL REPORT. THIS WILL AFFECT YOUR PARTICIPATION PRIVILEGES AT THE NATIONAL CONVENTION AND STATE/ STATE-AREA CONFERENCE.

PLEASE MAKE A COPY OF ALL FORMS BEFORE YOU BEGIN THE PROCESS.

USE A PENCIL TO COMPLETE THE PHOTOCOPY, THIS WILL ENABLE YOU TO CORRECT MISTAKES.

STEP #2

PLEASE START BY COMPLETING THE ATTACHED SCHEDULES A, B & C

SCHEDULE A HAS FIVE (5) SECTIONS.

SECTION 1 requests information regarding Grant Receipts. Please complete as needed if the Unit received any grant(s) during the fiscal year. If not, please go directly to Section 2.

SECTION 2 requests information about Scholarship or program funds received by the Unit. If an individual or an organization made a contribution that was specifically designated for Scholarships, the Unit needs to complete this portion. This type of contribution to an organization is known as restricted income. Therefore, it is program specific income and must be spent on that program's activities only. Additionally, recordkeeping for such funds is different from funds received for general unrestricted support.

SECTION 3 requests information from Rental activities. We are trying to capture activities that may be considered unrelated to the NAACP's exempt purpose. If the Unit had any rental income please complete this section.

SECTION 4 requests information about Advertising income. Our intention is to capture activities that might be considered unrelated to the NAACP's exempt purpose. There are particular tax consequences for such income. The National Office would like to capture our tax liability exposure on such activities and submit the necessary Form 990T along with the taxes due. ***Please remember that the ultimate tax liability for such unrelated business income tax lies with the Unit.***

SECTION 5 requests information about fundraising activities. The National Office wants to track fundraising activities by Units. We would like to gather for statistical purposes Unit compliance records. Moreover, we want to be able to track the exact net proceeds for the National Office's assessment on the Unit.

STEP #3

Schedule B also has Five (5) sections. The purpose of Schedule B is to capture the Unit's functional expenses for the year which might carry additional liability, particularly in the areas of payroll, independent contracting and compliance matters, if undetected.

SECTION 1 captures all payroll activities to ensure that Units are in compliance with all reporting agency requirements. Therefore, if your Unit has employees, you must complete and submit all of the copies requested on Schedule B.

SECTION 2 captures your Unit's Scholarship Awards. If there were donations or contributions specifically given for Scholarship Awards, the National Office has to track the expenses against the income. This does not mean that funds which were not designated as Scholarship funds can not be used to award scholarships to deserving students. We are merely tracking the Unit's restricted funds to ensure that they are not used for activities other than the donor's expressed purpose.

SECTION 3 is designed to capture the indebtedness of your Unit. For all Units that reported rental income, the National Office would like to have accurate balance sheet information, especially if there is a mortgage involved. For example, the cost of the building and the purchase date and depreciation schedule should be disclosed here.

SECTION 4 If the Unit's answer is yes, please itemize all Depreciable Property in Section 5. The National Office is trying to find out if Units with depreciable property should and/or are required to file Personal Property Tax Returns with their State Agencies. ***Please see depreciation calculation examples for further instruction.***

SECTION 5 gives the Units columns to properly categorize their depreciable property. We are aware of the fact that most of the Units do not have depreciable property. However, those that have, the National Office wants to be in total compliance with the Internal Revenue Service, therefore, please itemize your fixed assets. ***Please see depreciation calculation examples for further instruction.***

N A A C P (LONG) ANNUAL FINANCIAL REPORT SCHEDULE C INSTRUCTIONS

ALL SEGMENTS OF THIS SCHEDULE MUST BE COMPLETED

STEP # 1

MAKE A COPY OF ALL THE ATTACHED FORM BEFORE YOU BEGIN THE PROCESS.

USE A PENCIL TO COMPLETE THE PHOTOCOPY, THIS WILL ENABLE YOU TO CORRECT ANY ERRORS.

STEP #2

PLEASE START BY COMPLETING THE ATTACHED SCHEDULE C

LIST ONLY CONTRIBUTION TYPES - \$5,000 or **Greater**

SCHEDULE C requests information regarding the type of contribution, name and address of contributor, and amount of the contribution also;

LIST ALL NONCASH CONTRIBUTION TYPES - \$5,000 or **Greater**

Include information describing the type of noncash contribution, fair market value, and date of contribution.

Please complete as needed if the Unit received any contribution(s) during the calendar year. If not, please sign the Unit Information sheet and write N/A in the columns.

***** Contributor - includes individuals, fiduciaries, partnerships, corporations, associations, trusts and exempt organizations.**

Report the value of noncash contributions at the time of the donation. **For example**, report the gross value of a donated car at the time the car was received as a donation.

Do not include as a contribution(s) the value of services donated to the Unit, or items such as the free use of materials, equipment or facilities.

N A A C P (GROUP)
ANNUAL FINANCIAL REPORT INSTRUCTIONS

ALL SEGMENTS OF THIS ANNUAL REPORT MUST BE COMPLETED

PART I

LINE 1 (a) - (f) are very clear, so complete them accordingly from your data.

LINES 2 (a) - (d) >>>>>>ENTER TOTAL FROM SCHEDULE A SECTION 2

LINE 3 >>>>>>ENTER TOTAL FROM SCHEDULE A SECTION 1

LINE 4 (a) & (b)>>>>>>ENTER TOTAL FROM BANK STATEMENT(S)

LINE 5 >>>>>>ENTER TOTAL FROM SCHEDULE A SECTION 4 & 5

LINE 6 >>>>>>TO BE DETERMINED BY UNIT TREASURER

LINE 7>>>>>>ENTER TOTAL FROM ALL OF THE ABOVE

PART II

Each Unit is advised to properly categorize expense for calendar year 2010. If the amounts are incorrect, it makes reconciliation very difficult and problematic for the Unit.

Part II is used to capture the Unit's functional and other expenses.

PART III

PART III is the summary of the year's activities. It must show what the Unit began the year with, its income for the year, expenses and the ending balance for the year.

LINE 1 >>>>Every Unit must complete this line even if the Unit started the year with a negative or zero balance.

PLEASE ENTER THAT AMOUNT IN THE SPACE PROVIDED.

LINE 2>>>>Enter the Unit's Income for the Year (Part I, Line 7).

LINE 3>>>>Enter the Unit's Total Expenses, (Part II, Line 52).

Line 4>>>> Subtract Line 3 from Line 2.

Line 5>>>> **(AS NEEDED)** Add Line 11 Part II.

Line 6>>>> Add line 1, 4, & 5 above.

IF A PAID PREPARER WAS USED TO COMPLETE THIS REPORT, THE PREPARER MUST SIGN THE ANNUAL REPORT IN THE SPACE PROVIDED. THIS DOES NOT ELIMINATE THE NECESSITY FOR THE PRESIDENT'S AND TREASURER'S SIGNATURES.

FINALLY, PLEASE TAKE THE TIME TO REVIEW THE ENTIRE ANNUAL REPORT FOR ERRORS AND CORRECT THEM BEFORE TRANSCRIBING TO THE ORIGINAL.

WHEN THE REPORT IS FINALLY READY, PLEASE MAKE TWO (2) COPIES OF THE REPORT; RETAIN ONE ON FILE, SEND ONE TO YOUR STATE CONFERENCE OFFICE AND SEND THE DULY SIGNED ORIGINAL BY CERTIFIED MAIL TO THE FINANCE DEPARTMENT OF THE NATIONAL OFFICE FOR PROCESSING.

N A A C P (LONG)

ANNUAL FINANCIAL REPORT (INSTRUCTIONS)

FUNDRAISING ACTIVITIES CALCULATION EXAMPLE

INCOME	\$ 10,000
EXPENSES	5,000

NET INCOME	<u>\$ 5,000</u>
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NATIONAL OFFICE PORTION (25%) PROFIT	\$ 5,000
NATIONAL OFFICE (25%)	0.25

AMOUNT DUE NATIONAL OFFICE	<u>\$ 1,250</u>
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PLEASE INCLUDE ALL PURCHASE DATES FOR PROPER CALCULATION

DEPRECIATION CALCULATION

Office Building

PURCHASE PRICE	\$ 30,000
TOTAL YEARS TO DEPRECIATE	30

DEPRECIABLE AMOUNT PER YEAR	<u>\$ 1,000</u>
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******(Office buildings are depreciated over 30 years only)***

Office Computer

PURCHASE PRICE	\$ 1,000
TOTAL YEARS TO DEPRECIATE	3

DEPRECIABLE AMOUNT PER YEAR	<u>\$ 333</u>
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******(Office computer(s) is depreciated over 3 years only)***

Office Equipment and Furniture

PURCHASE PRICE	\$ 500
TOTAL YEARS TO DEPRECIATE	5

DEPRECIABLE AMOUNT PER YEAR	<u>\$ 100</u>
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******(Office equipment, furniture and others are depreciated over 5 years only)***

**FINANCE DEPARTMENT
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
4805 MOUNT HOPE DRIVE, BALTIMORE, MARYLAND 21215 TEL #410-580-5716**

**2010 ANNUAL FINANCIAL REPORT
(Must be filed with National Office by March 1, 2011)**

REGION I	REGION II	REGION III	REGION IV	REGION V	REGION VI	REGION VII

Unit Name (Branch, Youth and Young Adult Council, College Chapter or State Conference) _____

Federal Identification Number _____ Unit Number _____
 (* DO NOT USE FEDERAL IDENTIFICATION NUMBER OF NATIONAL OFFICE)

Unit Address _____

City _____ State _____ Zip Code _____

Please attach a listing of all bank accounts maintained by the Unit with copies of all bank statements for the period 1/1/2010 through 12/31/2010.

(PLEASE READ CAREFULLY)

The _____ Unit, Youth and Young Adult Council, College Chapter or State Conference of the National Association for the Advancement of Colored People, hereby requests and authorizes the National Office of the NAACP to include the income and expenses of the Unit for calendar year 2010 in the Annual Group Return of all chartered Units of the NAACP, filed by the National Office.

We hereby declare under penalties of perjury that the 2010 Annual Financial Report has been examined by us and to the best of our knowledge and belief is true, correct and complete and made in good faith.

We hereby authorize the National Office of the NAACP to obtain copies of all bank statements canceled checks and bank signatory cards for all bank account and accounts associated with the aforementioned Unit of the NAACP. We further authorize the National Office of the NAACP to designate personnel as necessary to obtain the aforementioned documentation.

President's Signature

Treasurer's Signature

Print Name

Print Name

Address

Address

City, State/Zip Code

City, State/Zip Code

() _____
Telephone Number

() _____
Telephone Number

UNIT EMAIL ADDRESS: _____

IMPORTANT NOTICE:

Please complete all sections as required. Any part which is not complete will cause the Unit's Annual Financial Report to be returned to the Unit. If you have any questions about this form, please call Nazar Scott at (410) 580-5716.

SCHEDULE A & QUESTIONNAIRE

SECTION 1-GRANTS		YES	NO
DID THIS UNIT RECEIVE ANY GRANTS FOR THE TAX YEAR?		<input type="checkbox"/>	<input type="checkbox"/>
DID THE GRANTOR BENEFIT DIRECTLY FROM THE PROGRAM(S)?		<input type="checkbox"/>	<input type="checkbox"/>
WHAT WAS THE SOURCE OF THE GRANT?			
TOTAL GRANT FUNDS RECEIVED (Enter on line 3 Part I)			
SECTION 2-SCHOLARSHIPS			
DID THIS UNIT RECEIVE SPECIFIC FUNDS DESIGNATED FOR SCHOLARSHIPS?		<input type="checkbox"/>	<input type="checkbox"/>
	ACT-SO	\$	
	BTS/SIS	\$	
	GENERAL	\$	
	OTHER	\$	
TOTAL SCHOLARSHIP (Enter on lines 2 a-d of Part I)		\$	
SECTION 3-RENTAL INCOME			
DID THIS UNIT RECEIVE RENTAL INCOME?		<input type="checkbox"/>	<input type="checkbox"/>
WAS THE RENTAL INCOME DEBT-FINANCE?		<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4-ADVERTISING INCOME			
DID THIS UNIT RECEIVE ADVERTISING INCOME NOT RELATED TO SOUVENIR BOOKLET(S)?		<input type="checkbox"/>	<input type="checkbox"/>
WAS THE INCOME ADVERTISING INCOME PART OF A FUNDRAISING EVENT/EFFORT?		<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE B & QUESTIONNAIRE

SECTION 1-SALARY & PAYROLL TAXES		YES	NO
DID THIS UNIT REPORT ANY AMOUNT AS SALARY FOR THE TAX YEAR?		<input type="checkbox"/>	<input type="checkbox"/>
DID THIS UNIT PAY ALL PAYROLL TAXES & FILE PAYROLL RELATED REPORTS? (ATTACHMENTS)		<input type="checkbox"/>	<input type="checkbox"/>
HOW MANY EMPLOYEES DID THE UNIT HIRE?		<input type="text"/>	
DID THIS UNIT PAY AN INDIVIDUAL WHO IS NOT AN EMPLOYEE MORE THAN \$600		<input type="checkbox"/>	<input type="checkbox"/>
DID THIS UNIT PROVIDE TIMELY 1099 FORMS TO QUALIFIED INDEPENDENT CONTRACTORS?		<input type="checkbox"/>	<input type="checkbox"/>
DID THIS UNIT RETAIN W-9 ON ALL VENDORS?		<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2-SCHOLARSHIPS			
DID THIS UNIT PROVIDE SCHOLARSHIP AWARDS TO STUDENTS THIS YEAR?		<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3-DEBT INSTRUMENTS			
DID THIS UNIT HOLD A MORTGAGE OR OTHER DEBT INSTRUMENTS?		<input type="checkbox"/>	<input type="checkbox"/>
HAS THE UNIT EVER REPORTED ANY RENTAL INCOME FROM THE ABOVE?		<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4-DEPRECIATION			
DOES THIS UNIT HAVE ANY DEPRECIABLE PROPERTY?		<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE A

SECTION 5-FUNDRAISING ACTIVITIES

	Fundraiser 1	Fundraiser 2	Fundraiser 3	Fundraiser 4
TOTAL RAISED	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____	\$ _____	\$ _____
NET PROCEEDS	\$ _____	\$ _____	\$ _____	\$ _____
WAS ANY PORTION OF THE NET PROCEEDS SENT TO THE NATIONAL OFFICE				
IF SO, HOW MUCH?	\$ _____	\$ _____	\$ _____	\$ _____
ANY FEDERAL OR STATE TAXES PAID FOR THE ABOVE EVENTS/EFFORTS?				
IF SO, HOW MUCH?	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE B

SECTION 5-FIXED ASSETS

	OFFICE BUILDING	OFFICE EQUIPMENT	OFFICE FURNITURE	OTHER
DATE PURCHASE	_____	_____	_____	_____
AMOUNT PAID	\$ _____	\$ _____	\$ _____	\$ _____
DEPRECIABLE PERIOD	30 YRS.	3 YRS.	5 YRS.	_____
DEPRECIATION AMOUNT	_____	_____	_____	_____
WAS THE UNIT REQUIRED TO FILE ANY STATE PERSONAL PROPERTY TAX REPORT?				
IF SO, HOW MUCH?	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE C LIST OF CONTRIBUTORS

(DONATIONS GREATER THAN \$5,000)

2010

Unit Name (Unit, Youth and Young Adult Council, College Chapter or State Conference)

Federal Identification Number _____ Unit Number _____

Part I			
Contributors			
(a) No.	(b) Name, Address, and Zip + 4	(c) Amount of Contributions	(d) Type of Contribution
—	<input type="checkbox"/> _____	\$ _____	Cash
	<input type="checkbox"/> _____		Payroll
	<input type="checkbox"/> _____		Noncash
—	<input type="checkbox"/> _____	\$ _____	Cash
	<input type="checkbox"/> _____		Payroll
	<input type="checkbox"/> _____		Noncash
—	<input type="checkbox"/> _____	\$ _____	Cash
	<input type="checkbox"/> _____		Payroll
	<input type="checkbox"/> _____		Noncash
—	<input type="checkbox"/> _____	\$ _____	Cash
	<input type="checkbox"/> _____		Payroll
	<input type="checkbox"/> _____		Noncash
—	<input type="checkbox"/> _____	\$ _____	Cash
	<input type="checkbox"/> _____		Payroll
	<input type="checkbox"/> _____		Noncash
—	<input type="checkbox"/> _____	\$ _____	Cash
	<input type="checkbox"/> _____		Payroll
	<input type="checkbox"/> _____		Noncash

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INCOME - REPORT ALL INCOME AS GROSS AMOUNTS

CALENDAR YEAR

PART I

2010

1 MEMBERSHIP

A	Corporate	\$	
B	Life (all types)	\$	
C	Regular	\$	
D	Youth	\$	
E	WIN	\$	
F	Refund from National Office	\$	
G	Total Membership Income (add lines A thru F)	\$	-

2 SCHOLARSHIP & OTHER RESTRICTED INCOME

A	ACT-SO / BTS-SIS (please complete Schedule A)	\$	
B	Scholarships (please complete Schedule A)	\$	
C	Voter Empowerment (please complete Schedule A)	\$	
D	Rental Income (please complete Schedule A)	\$	
F	Total Scholarship & Other Restricted Income (add lines A thru D)	\$	-

3 GRANT INCOME

3	GRANT INCOME	\$	
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4 INTEREST INCOME

A	Interest Income	\$	
B	Certificate of Deposits (CD's)	\$	
C	Total Interest Income (add lines A thru B)	\$	-

5 FUND RAISING INCOME

A	Unrestricted Contributions/Donations	\$	
B	Bequests	\$	
C	Advertising	\$	
D	Freedom Fund	\$	
E	Youth Banquet	\$	
F	MLK Banquet	\$	
G	Jubilee	\$	
H	Membership Banquet	\$	
I	Mother/Woman of the Year	\$	
J	State Conference	\$	
K	Other Fundraising Event (please specify)	\$	
L	Other Fundraising Event (please specify)	\$	
M	Other Fundraising Event (please specify)	\$	
N	Total Fund Raising Income (add lines A thru M)	\$	-

6 MISCELLANEOUS INCOME

A		\$	
B		\$	
C	Total Miscellaneous Income (add lines A thru B)	\$	-

7 TOTAL GROSS INCOME (ADD LINES 1G, 2E, 3, 4C, 5N, 6C)

\$	-
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NAACP (LONG RETURN)
ANNUAL FINANCIAL REPORT

UNIT NUMBER

FUNCTIONAL / OTHER EXPENSES - REPORT ALL EXPENSES PAID FROM UNIT TREASURY

CALENDAR YEAR

PART II

2010

1	Salary (complete Schedule B)	\$		FUNCTIONAL EXPENSES
2	Clerical and Other Temporary Employees	\$		
3	Payroll Taxes (complete Schedule B)	\$		
4	Other Taxes	\$		
5	Facility Rent	\$		
6	Insurance	\$		
7	Facility Repairs & Maintenance	\$		
8	Utilities	\$		
9	Office Supplies	\$		
10	Office Equipment (complete Schedule B)	\$		
11	Depreciation Expense (complete Schedule B)	\$		
12	Post Office Box Rent	\$		
13	Postage/Stamps/Messenger/Shipping	\$		
14	Telephone/Message Service/Internet	\$		
15	Equipment Rental	\$		
16	Equipment Repairs & Maintenance	\$		
17	Printing/Publications/Subscriptions	\$		
18	Delegate Travel Expense	\$		
19	Delegate Lodging (include meals/per deim)	\$		
20	Transportation - Local Car Allowance	\$		
21	Convention/Conference Assessments	\$		
22	Event Tickets	\$		
23	Registration Fees	\$		
24	Convention/Conference Hosting Fees	\$		
25	Convention/Conference Hotel (Include Name)	\$		
26	Executive Committee Meeting Expenses	\$		
27	Legal Fees/Court Fees	\$		
28	Miscellaneous Expenses - Employee Related Benefits	\$		
29	Membership dues remittances to National Office	\$		
30	National Assessments (current & prior year)	\$		
31	State Assessments (current & prior year)	\$		
32	Late Fee	\$		
33	Bank Service Charges	\$		
34	Finance Charge/Interest Expense	\$		
35	Advertising	\$		
36	City Business Licenses and Fees	\$		
37	Other Professional Fees (include event speakers)	\$		
38	Membership Drive	\$		
39	Community Service	\$		
40	Voter Education/Registration	\$		
41	Awards/Gifts/Floral/Cards	\$		
42	Grant Expenses	\$		
43	ACT-SO and BTS/SIS	\$		
44	Scholarship Expense(s)	\$		
45	Contributions and Donations paid to others	\$		
46	Youth Oriented Services	\$		
47	Fundraising Expenses: food, printing, awards, hotel space, etc.	\$		
48	Miscellaneous Expenses (List Below)	\$		
49		\$		
50		\$		
51		\$		
52	TOTAL EXPENSES (add lines 1 thru 51)	\$	-	OTHER EXPENSES

NAACP (LONG RETURN)
ANNUAL FINANCIAL REPORT

UNIT NUMBER

NET ASSET - FUND BALANCE ANALYSIS

CALENDAR YEAR

PART III

1 Cash Balance on Hand at December 31, 2009
(There must be an entry on this line, please check your 2009 Annual Financial Report for this amount)

ADD :

2 Annual Financial Report Income (ENTER Part I Line 7)

SUBTRACT:

3 TOTAL EXPENSES (Enter Part II Line 52)

4 **NET INCOME/(LOSS) FOR 2010 (please subtract line 3 from line 2 above)**

5 Depreciation Add Back (Only if depreciation expense was taken on Part II line 11)

6 Cash Balance on hand at Dec. 31, 2010 (Add Lines 1, 4 & 5 of this page)

***PLEASE ATTACH A COPY OF ALL BANK STATEMENTS FOR THE PERIOD 01/01/2010 - 12/31/2010.**

IMPORTANT NOTICE

PLEASE TAKE A FEW MINUTES TO REVIEW THE ENTIRE REPORT BEFORE SENDING IT TO THE NATIONAL OFFICE.
IF YOU HAVE QUESTIONS, PLEASE FEEL FREE TO CALL (410) 580-5716.

1	Report due date	3/1/2011
2	Date filed	
3	Minimum Assessment	
4	Assessment % (15 or 25%)	
5	Fundraising Income	
6	Fundraising Expenses	
7	St. Assessments	
8	Net Income (Loss)	-
9	Assessment	-
10	ASSESSMENT DUE	-
11	Late fee	-
12	Total amount due	-
13	Amount remitted	
14	Remaining Bal.	-

Denotes section where your unit will have to input information, all uncolored areas will automatically calculate

2 Denotes the date the report was sent to the National office via certified mail

3 Denotes minimum amount due based on membership total as of December 31, 2010 (see minimum assessment table)

4 Denotes the applicable assessment rate that your unit must pay (25% or 15%)

5 Denotes the total amount reported on Part I, Section 5, line N

6 Denotes the total amount reported on Part II, line 47

7 Denotes any assessment amounts paid to your state conference

13 Denotes the amount that your unit will be paying toward your assessment

PLEASE NOTE: THIS PAGE CAN ONLY BE USED BY UNITS THAT PREPARE THEIR FINANCIAL REPORT USING THE "XLS" VERSION. THIS FORM WILL NOT WORK IN "PDF" FORM.

ANNUAL UNIT MINIMUM ASSESSMENTS

Units with less than 100 members	\$300.00
Units with 101-500 members	\$500.00
Units with 501-1,000 members	\$750.00
Units with 1,001-2,000 members	\$1,000.00
Units with 2,001-3,000 members	\$1,500.00
Units with 3,001-3,500 members	\$2,000.00
Units with 3,501-4,000 members	\$3,000.00
Units with more than 4,000 members	\$5,000.00
All youth Units	\$75.00
All State Conferences	\$100.00