

SMPS CHAPTER FINANCIAL REPORT

For the fiscal year September 1, 2024 – August 31, 2025.

This completed report MUST be received by SMPS Headquarters no later than September 30, 2025.

Prep	parer's Name:								
Cha	pter:								
		Budget	Actual	Difference					
1.	Total All Income (Itemize by source in Line 5)	\$	\$	\$					
2.	Total All Expenses	\$	\$	\$					
3.	Net Income (Loss) (Subtract item 2 from item 1)	\$	\$	\$					
4. (An	EDUCATIONAL PROGRAMS Amounts here should also be included in Total Income and Expenses Reported above) Income (Registration fees; Sponsorships, etc.) \$ \$								
	Expenses (Provide details below) *	\$	\$	\$					
	Net Profit (Loss) from Programs	\$	\$	\$					
	*Educational Program Expense Breakdown								
	Speaker Fees Food & Beverage \$	Promotion	/Adv/Other \$						
	Number of Programs 2024-25 Estimated Attendance: Large	est Sma		verage					



5. SOURCES OF Freported in Line 1)	REVENUE ((Sum of all figure	s here should e	equal total "Actu	al" Income				
Program Registrations	\$	Sponsors/Exhibitors	\$	Advertising	\$				
Regional Conferences \$		Community Service Programs	\$	Interest Income	\$				
Social/Fundraising Events	\$	Shared Dues	\$	Other Income	\$				
6. RESERVES as of 8/31/25 (Chapter's account balances)									
Checking:	\$	Savings:	\$	Other Investments:	\$				
7. AUDITS: Are your chapter's books and records audited annually? ☐ Yes ☐ No If yes, who does Outside Chapter Other ☐									
ANNUAL IRS INFORMATION RETURN ***									
Our chapter plans to f	ile □ Form	990-N □Form 9	90-EZ □F0	orm 990					
**Please attach a copy of your 990 for the year ended 8/31/24 to this form.									
8. ACCOUNTING SOFTWARE: Does your chapter use accounting software for financial reporting? Yes No If yes, what software (and version) are you using?									

Please complete this form and return to SMPS Headquarters, Coordinator, Accounting and Operations, Christine Lucas at accountspayable@smps.org.