## **Satellite Museum Annual Financial Review**



For use by Satellite Museums maintaining a separate bank account or tracking funds separately from Company or Camp funds.

Due to ISDUP Treasurer by June 30 Date: Name of Museum: State/Province: Address: Company: \_\_\_\_\_ Camp (if applicable): DUP: ☐ owns, ☐ leases, or ☐ has a MOU (Memorandum of Understanding) for this museum site. Instructions: 1. This report is prepared by the Satellite Museum Treasurer (if applicable) or the Company or Camp Treasurer in charge of the bank account or separate museum funds. Send the report to the Company Treasurer by June 15. Company Treasurer mails a copy of Company/Camp reports to the ISDUP Treasurer or sends digitally to treasurer@isdup.org by June 30. Archive a copy in your museum records as well as in your sponsoring Camp or Company records. 2. If the museum has its own Museum Board, museum financial records are to be reviewed and signed by the Satellite Museum Chairman and one other members of the Satellite Museum Committee other than the Satellite Museum Treasurer. In the absence of a separate Museum Board, the report should be reviewed and signed by the Company President or Camp Captain with jurisdiction over the museum along with one other elected member of the Company/Camp Board other than the Treasurer preparing the report. 3. The DUP fiscal year runs from June 1 to May 31 annually. This review summarizes transactions within a single fiscal year and is prepared after the conclusion of the fiscal year on May 31. Sources of Revenue **Summary of Expenses** Donations: Liability Insurance: Gift Shop: Utilities (lights, heat, etc.): Fundraisers (list below): Maintenance (lawn, snow removal, repairs, etc.): Supplies: **Grant Match:** Lease/Rent: Miscellaneous (list below): Other: Total Revenue: \$ Total Expenses: **Review of Account:** We find the status of the financial records as follows: Beginning Balance – Checking and/or Savings (if applicable) \$\* \*Same as ending balance of last year's Satellite Museum Financial Review. Total Sources of Revenue (add to balance) \$ \$ Subtotal Total Expenses (subtract from subtotal) Ending Balance - Checking and/or Savings (if applicable) Receipt Balance Accurate Yes □ No □ Disbursement Balance Accurate Yes □ No □ Checkbook Balances with Bank Statement Yes ☐ No ☐ If "no" checked above, please list amounts of outstanding deposits and/or checks:

List banking Institution

Please go to page 2 for 990-N e-postcard information and signatures.

**Banking Institution:** 

| 990-N e-Postcard  | d:   |                    |                      |  |  |
|---|--|--------------------|----------------------|--|--|
| a. EIN number   | . EIN number used to file the 990-N e-postcard is assigned to the: museum □ company □ camp □                           |                    |                      |  |  |
| b. Has the 990-   | Has the 990-N e-postcard been filed for the fiscal year just ended on May 31 of this year? Yes ☐ No ☐                  |                    |                      |  |  |
| c. The 990-N e-   | The 990-N e-postcard may be filed for the current year anytime beginning June 1 when the new fiscal year begins        |                    |                      |  |  |
| through Octo  | through October 15. Filing it early will ensure your tax-exempt status for another year and will prevent the receiving |                    |                      |  |  |
| of a late noti  | ce or reminder sometime in the sprir   | ng. It also        | enables you to rep   | port the completed filing on this          |  |
| document.   |  |                    |                      |  |  |
| d. Click <u>here</u> to   | file the 990-n e-postcard. Click <u>here</u>   | to access          | a helpful printable  | e user guide you can use in your e-filing. |  |
| Reviewed by:  |  |                    |                      |  |  |
| Name (of Satellite Museum Director, Company President, or Camp Captain)  Name of Elected Board Member (other than the Satellite Museum Treasurer) |  | Title Title        |                      | Signature                                  |  |
|   |  |                    |                      | Signature                                  |  |
| Prepared by:  |  |                    |                      |  |  |
| Name of Satellite Museum Treasurer (if applicable) or Company/Camp Treasurer  |  |                    | Signature            |  |  |
| Primary Phone Number  |  |                    | Email                |  |  |
|   | The same person canno  | ot both pre        | epare and review thi | s report.                                  |  |
| Return this Satellit  | e Museum Financial Review by June 30 t   | o: ISDU            | P Treasurer          |  |  |
|   | ,  |                    | N Main St            |  |  |
|   |  | Salt L             | ake City, UT 84103-1 | .632                                       |  |
| If there are question   | ons, please call 801-532-6479, ext. 202 o  | r email <u>tre</u> | asurer@isdup.org.    |  |  |

Satellite Museum Annual Financial Review