1891 financial life

200 N. Martingale Rd., Suite 405
Schaumburg, IL 60173
847-342-4500
www.1891FinancialLife.com

2026 ANNUAL AUDIT REPORT

TREASURER PLEASE COMPLETE THIS FORM. RETURN THIS FORM BY FEBRUARY 15, 2027.

INCLUDE: ☐ 12 months of bank statements ☐ Copy of a voided check ☐ Signature card

Impact Team Name and No: _____

Treasurer's Name: _____

Email: _____ **Phone No:** _____

For the calendar year ended 2026. BALANCE FROM LAST AUDIT REPORT $_____

RECEIPTS - *Funds Received*

Annual Impact Team Operating Expense Funding (COE).....$_____
2026 Activity Funding (by completing required activities and Officer Training).....$_____
Hearts & Hands Raised (funds raised by Impact Team).....$_____
Impact Team Additional Funding Event: _____.....$_____
ReLiEF Fund (Seminarian Burse).....$_____
Alzheimer's Support Raised.....$_____
All other funds received, include name of activity: _____ $_____
_____ $_____
_____ $_____

TOTAL OF RECEIPTS $_____

ADD 'Balance From Last Year's Audit' + 'Total of Receipts' = RECEIPTS **BALANCE $**_____

DISBURSEMENTS - *Expenses / Donations*

Hearts and Hands Disbursement (amount disbursed to recipient).....$_____
Impact Team Additional Funding Event: _____.....$_____
ReLiEF Fund (Seminarian Burse).....$_____
Alzheimer's Support.....$_____
Charitable Donations.....$_____
Masses.....$_____
All other disbursements, include name of activity: _____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

TOTAL DISBURSEMENTS / EXPENSES $_____

SUBTRACT 'Receipts Balance' – 'Total Disbursements / Expenses' = **$**_____

This amount should coincide with the checking account statement.

FUNDS *NOT DISPERSED* THROUGH YOUR IMPACT TEAM'S CHECKING ACCOUNT:

Example: You participate in a local fundraising walk; your team collects donations through the walk's website, funds do not go into the Impact Team's checking account.

Event: _____ Amount raised $_____ Amount disbursed $_____
Event: _____ Amount raised $_____ Amount disbursed $_____
Event: _____ Amount raised $_____ Amount disbursed $_____

LIST ALL CHECKS ISSUED – BUT NOT CLEARED AS OF 12/31/2026:

Check # _____ Payee _____ Amount $_____
Check # _____ Payee _____ Amount $_____
Check # _____ Payee _____ Amount $_____
Check # _____ Payee _____ Amount $_____
Check # _____ Payee _____ Amount $_____

12 months of bank statements must be submitted with this form with a copy of a voided check. If you have a new President and/or Treasurer, please mail an updated signature card.

RESPONSIBILITIES OF THE PRESIDENT AND TREASURER

The President and Treasurer will audit the books and accounts of the Impact Team every 12 months.

1. All funds of the Impact Team are to be deposited by the Treasurer in an account in the Impact Team's name in a bank approved by the Home Office.
2. Impact Team funds are to be used for the purposes intended and shall not be allowed to accumulate beyond what is necessary to maintain the Impact Team.
3. Impact Team funds are to be used only for conducting the objectives of 1891 Financial Life and for the payment of Impact Team expenses.
4. The Audit Report is to be completed once a year, for the period ending December 31st.
5. One copy must be received in the Home Office no later than March 1.
   Retain one copy for the Impact Team's records.
6. All receipts and disbursements of the Impact Team (adult and junior), and all funds of the Impact Team are included in this report.

The signatures below certify that we have examined the books, vouchers, receipts, and bankbooks and find them to balance in every respect:

Name (please print)	**Date**	**Signature (two signatures required)**
President _____	_____	_____
Treasurer _____	_____	_____

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_____ $_____
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TOTAL OF RECEIPTS $_____

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