

2025 Branch Annual Report Worksheet

(Information is to be entered into the form on the Branch Informers webpage.)

All ASALH branches are required to complete a yearly Branch Annual Report and submit it to ASALH Headquarters no later than March 15th.

ASALH's Bylaws require the Executive Council to review each Branch's compliance status at the annual June meeting. We look forward to learning how you uphold and promote the legacy of ASALH and Dr. Carter G. Woodson.

If you do not have a bank account or an EIN, please call the Executive Director Sylvia Cyrus at 202.238.5918 before proceeding.

INSTRUCTIONS

1. Gather all of your Branch's supporting documents prior to completing the form. This includes but is not limited to the following:

- Bank Statement(s) as of 12/31/24
- Branch Financial Report as of 12/31/23
- Branch Programs / Activities Report(s) as of 12/31/24
- All Branch Officers Name, Phone Number, and Email Addresses

Print Here to download a hard copy of the Branch Annual Report to use as a reference.

2. The branch officers were sent a directory of 2024 branch members in November 2024. Compare this to the branch records to confirm the current number of branch members.

3. Please be sure to complete all required fields, indicated by a red asterisk (*). You must use the "Continue" or "Go Back" links at the bottom of each page to navigate forward or backward. If you fill out the "Submitter's Email" line and click "Save Draft" at the bottom of the form, a link will be sent to your email that will allow you to finish the form at a later date. **Please note** that once the form is submitted, this link will no longer work. To save a paper copy of an incomplete submission, print every page as you go along.

4. Review your information to ensure it is correct prior to submitting. You will not be able to change or update your report after it is submitted. If you would like to print out your completed report, you will have to print each (one) page at a time.

5. After you submit your report, **PLEASE BE PATIENT!** It may take some time for your submission to send, depending on your internet speed. Please do not navigate away from the page or press the submit button more than once. If you do, your submission may not process. You will receive a confirmation message upon successful submission, as well as an email confirmation.

6. If you have questions about the Branch Annual Reporting process or submission, please contact Sylvia Cyrus, ASALH Executive Director, at scyrus@asalh.org. There will be a meeting on **December 12, 2024** with instructions.

I. BRANCH INFORMATION

* Branch Name: _____

* Branch Mailing Address: _____

* Branch EIN: _____

* Name of the bank where the Branch has an account: _____

* Address of the bank where the Branch has an account: _____

Branch Phone Number: _____

Branch E-mail Address: _____

Branch Website: _____

Branch Social Media Platforms:

Facebook: _____

Twitter: _____

Instagram: _____

LinkedIn: _____

Date Branch charter was issued (New Branches Only): _____

Branch Tax ID Number (if applicable): _____

* Does your Branch have an IRS 501(c)(3) tax exempt status:

YES: ___ NO: ___

* Does your Branch have a State tax exemption:

YES: ___ NO: ___

MEMBERS:

* Total Number of 2024 Non-Institutional members: _____

* Number of Members Retained from 2023: _____

* Number of NEW Members in 2024: _____

* Total Number of 2024 Institutional members: _____

II. 2024 BRANCH OFFICERS

Branch President:

* Branch President Name: _____

* Branch President Email Address: _____

* Branch President Phone Number: _____

Branch Vice- President:

* Branch Vice-President Name: _____

* Branch Vice-President Email Address: _____

* Branch Vice-President Phone Number: _____

Branch Treasurer:

* Branch Treasurer Name: _____

* Branch Treasurer Email Address: _____

* Branch Treasurer Phone Number: _____

Branch Secretary:

* Branch Secretary Name: _____

* Branch Secretary Email Address: _____

* Branch Secretary Phone Number: _____

Branch Historian:

* Branch Historian Name: _____

* Branch Historian Email Address: _____

* Branch Historian Phone Number: _____

III. 2024 BRANCH FINANCIAL INFORMATION

BRANCH YEAR END FINANCIAL REPORT:

- * Cash Balance at 12/31/24: \$ _____
- * Total Outstanding Receivables at 12/31/24: \$ _____
- * Total Outstanding Liabilities at 12/31/24: \$ _____

BRANCH INCOME:

- * 2024 National Membership Dues: \$ _____
- * 2024 Local Membership Dues: \$ _____
- * 2024 Donations / Contributions: \$ _____
- * 2024 Total Program / Event Income: \$ _____
- * 2024 Other Income: \$ _____
- * TOTAL 2024 BRANCH INCOME: \$ _____

BRANCH EXPENSES:

- * 2024 National Membership Dues: \$ _____
- * 2024 Annual Branch Contribution to ASALH: \$ _____
- * 2024 Total Program / Event Expenses: \$ _____
- * 2024 Other Expenses: \$ _____
- * TOTAL 2024 BRANCH EXPENSES: \$ _____

* How often does your Branch generate financial reports?

MONTHLY: ___

QUARTERLY: ___

OTHER: _____ (Please explain)

* Is your Branch current with your required tax filings (Form 990)?

YES: ___

Date latest Form 990N, 990-EZ, or 990 was filed? _____

NO: ___

OTHER: ___ (Please explain)

IV. 2024 BRANCH ACTIVITIES / PROGRAMS

Enter a list of your Branch's 2024 activities / programs. For each activity / program, please provide the following information:

- Name of Activity / Program
- Date the Activity / Program was Held
- Location the Activity / Program was Held
- The Target Audience
- Number of Attendees
- Purpose/Impact of the Activity / Program

BLACK HISTORY MONTH:

* Did your Branch host a Black History Month Activity / Program?

YES: ___

NO: ___

Describe Here: _____

FOUNDERS DAY:

* Did your Branch host a September Founders Day Activity / Program?

YES: ___

NO: ___

Describe Here: _____

WOODSON BIRTHDAY:

* Did your Branch host a December Woodson Birthday Activity /Program?

YES: ___

NO: ___

Describe Here: _____

ANNUAL CONFERENCE:

* How many members attended the in-person Conference?

AMOUNT: _____

BLACK HISTORY MONTH FESTIVAL:

* How many members attended the virtual festival?

AMOUNT: _____

OTHER ACTIVITIES / PROGRAMS:

* Did your Branch host any other Activities /Programs?

YES: ____

NO: ____

Describe Here: _____

V. VERIFICATION

* I certify that the information submitted is correct and accurate to the best of my knowledge.

YES: _____

* Submitter's Name: _____

* Submitter's E-mail Address: _____

* Submitter's Phone Number: _____

* Date of Report Submission: _____

Additional Information Submitted for the Annual Branch Report (Optional):