

**ASHE IRS FORM 990 – DATA SHEET**  
**TREASURER’S REPORT AS OF MAY 31,** \_\_\_\_\_

Send to: [ashenationaltreasurer@ashe.pro](mailto:ashenationaltreasurer@ashe.pro) and Copy: [nmorisi@ashe.pro](mailto:nmorisi@ashe.pro) in pdf file format on or before **June 15<sup>th</sup>**.

Checking Account Balance:	\$ _____
Investment Account Balance:	\$ _____
<b>TOTAL ASSETS (Sum of Above):</b>	<b>\$ _____</b>

**AUDIT AS OF MAY 31, (Previous Year):**

Checking Account Balance:	\$ _____
Investment Account Balance:	\$ _____
<b>AUDIT TOTAL:</b>	<b>\$ _____</b>

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**CASH RECEIVED TO MAY 31:**

New Member Initiation Fees:	\$ _____
Annual Membership Fees:	\$ _____
Dinner Ticket Sales:	\$ _____
Investment Income:	\$ _____
Checking Account Interest:	\$ _____
Other Income:	\$ _____
	\$ _____

**TOTAL RECEIPTS TO MAY 31, 2025** : \$ \_\_\_\_\_

**DISBURSEMENTS TO MAY 31:**

New Member Initiation Fees to National:	\$ _____
Annual Membership Fees to National:	\$ _____
Office Supplies, Equipment, Software, etc.:	\$ _____
Printing:	\$ _____
Postage, Fax, Copying, Telephone:	\$ _____
Dinner and Meeting Expenses:	\$ _____
Other Expenses:	\$ _____
	\$ _____
	\$ _____

**Total disbursements to May 31,** : \_\_\_\_\_

**ASSETS**(Balance Must Equal Total Assets \_\_\_\_\_

I certify that the above is true and correct to the best of my knowledge.

Above) \$ \_\_\_\_\_

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Printed Treasurer Name

\_\_\_\_\_  
Section/Region/Conference

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer’s Signature

\_\_\_\_\_  
Printed Reviewer’s Name

\_\_\_\_\_  
Date