ANNUAL REPORTS REVIEW
December 2021; January 2022

MH and MLH
AGENDA

Introduction
Location of Annual Reports
Financial Annual Report
  - Questions
Progress Annual Report
  - Questions
Visiting Annual Report
  - Questions
Summary and Final Questions
INTRODUCTION

- All are online
- Very similar to last year’s reports
- Same reports for MH and MLH
- Captures all your data
- Sends approval e-mails to ARD’s, RD’s, and National
- Data on two of these reports required by Federal law
- Due date is Feb 15 (preferably before)
LOCATION OF ANNUAL REPORTS

FOR MH OFFICERS:
(MLH next page)

You MUST be a Chapter Officer to open Annual Reports

You MUST have access to the Officer Portal

CLICK HERE
LOCATION OF ANNUAL REPORTS

FOR MLH LEADERS:
You MUST be a Group Leader to open Annual Reports
You MUST have access to the Coordinators Portal

CLICK HERE

MLH Coordinators Portal

Portal Home
MLH Coordinator portal
Annual Reports
Awareness
Bereavement
Bravery Bags
Change Coordinator Assignments
Fundraising
LOCATION OF ANNUAL REPORTS

Annual Reports

Welcome to the Officer Portal
Annual Reports

2021 Annual Reports will be submitted online and must be submitted by February 15th, 2022. Links to each report can be found below.

Links to Complete Annual Reports Online
MHI Financial Report – CLICK HERE
MHI Visiting Report – CLICK HERE
MHI Progress Report – CLICK HERE

Annual Report Templates (Worksheets)
MHI Financial Report Template – CLICK HERE
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INSTRUCTIONS FOR COMPLETION OF ANNUAL REPORTS
Visiting Tracking Instructions for Annual Report
Monthly Tracking for Visits
FINANCIAL ANNUAL REPORTS

This Report is Required, not Optional. It is Mandated by Federal Laws.

If a chapter or group has all their bank accounts in Albany, then you do not have to submit a Financial Annual Report.

Any bank accounts outside Albany require filing a Financial Annual Report.
FINANCIAL ANNUAL REPORTS

Your chapter’s/group’s financial information is combined into MHI’s Federal Tax Reporting (which is due March 15)

Submitter gives MHI permission to file their Federal Tax Return (990 or 990N)

Financial Annual Reports must be submitted no later than February 15
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FINANCIAL ANNUAL REPORTS

MH

Annual Reports

Search a Chapter - 165

Search records
Clear records

MLH

Annual Reports

Search a Chapter - Indianapolis

Search records
Clear records

Use 3 digits or
Use part of Name

Do not use #
Your chapter number and chapter name will be displayed near the bottom of the screen.

Your group name will be displayed near the bottom of the screen.
Fill-in your City, 2-letter State, and then select your region.

Pay attention to these instructions.

Enter the Bank Name, Account Number, and Routing Number (we will use this info to wire transfer your monthly 25% dues and 100% donations payments).

Enter the first name and last name of each person on the account.

You may add up to three accounts.

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### Mended Hearts Chapter Annual Financial Report

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter/Group Name</td>
<td>Chapter 165 – Albany, GA</td>
</tr>
<tr>
<td>Chapter/Group City</td>
<td></td>
</tr>
<tr>
<td>Chapter/Group State (abbreviated form)</td>
<td></td>
</tr>
<tr>
<td>Select Region</td>
<td></td>
</tr>
</tbody>
</table>

Please respond to ALL questions. If there is nothing to report for a given question, please enter 0 (zero) in the appropriate field. Remember to include information from your satellite, if applicable. **PLEASE ANSWER QUESTIONS IN NUMERICAL FORMAT.**

### Financial Institution 1

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Financial Institution 1</td>
<td></td>
</tr>
<tr>
<td>Account Number 1</td>
<td></td>
</tr>
<tr>
<td>Bank Routing Number 1 (typically nine digits long and is the first group of numbers at the bottom of a check).</td>
<td></td>
</tr>
</tbody>
</table>

The names of the first and second signatories on the 1st bank account (please note - signatories cannot be related or from the same household):

### Financial Institution 2

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Financial Institution 2</td>
<td></td>
</tr>
<tr>
<td>Account Number 2</td>
<td></td>
</tr>
</tbody>
</table>
FINANCIAL ANNUAL REPORTS

Enter the total of what was spent in 2021

Enter the total of what was deposited in 2021

Enter the 12/31/2020 ending balance (should match bank statement)

Enter the 12/31/2021 ending balance (should match bank statement)

TOTALS ARE FOR ALL ACCOUNTS

Name of Financial Institution 3

Account Number 3

Bank Routing Number 3 (typically nine digits long and is the first group of numbers at the bottom of a check):

The names of the first and second signatories on the 3rd bank account (please note - signatories cannot be related or from the same household):

Balance on-hand on 12/31 (prior calendar year) (1) *
Total of all accounts *
Total income this calendar year (2) *
Total expenses this fiscal year (3) *
Balance as of 12/31 (This calendar year) (Total of lines 1 & 2 minus line 3) *
If the balance on hand exceeds $5000, chapters are required to have their officers bonded. Chapters or Groups must receive a certificate of bond insurance and then send a copy of that bond to National. National also has an option for obtaining insurance bonding for chapters who haven’t purchased insurance locally. Please contact Lisa Goodman at lisa.goodman@mendedhearts.org.

If your chapter has a certificate of bond insurance with an outside company, please tell us the name of that company.

Name of chapter treasurer

Please submit copies of your chapter/group’s January and December bank statements for last year.

Authorization is granted for inclusion in the MHI Form 990 Group Return

The Mended Hearts, Inc. is hereby authorized to include this chapter/group in a Federal group return to be filed each year.

The submission of this report acts as an electronic signature.

Name of person submitting the report

Email of person submitting the report

To the best of my knowledge and belief, this Financial Report is true, correct, and complete.

Click the SUBMIT button when completed.
Questions Regarding
Financial Annual Reports
This Report is Required, not Optional
It is Mandated by Federal Laws
Your Progress information is inserted into MHI’s Federal Tax reporting
Welcome to the Officer Portal
Annual Reports

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PROGRESS ANNUAL REPORTS

This screen opens after you click the report name. See the next page for instructions.
PROGRESS ANNUAL REPORTS

MH

Annual Reports

Search a Chapter - 165

Search records
Clear records

Use 3 digits or use part of name

MLH

Annual Reports

Search a Chapter - Indianapolis

Search records
Clear records

Do not use #
Your chapter number and chapter name will be displayed near the bottom of the screen.

Your group name will be displayed near the bottom of the screen.
PROGRESS ANNUAL REPORTS

Fill-in your City, 2-letter State, and then select your region.

Pay attention to these instructions.

ZOOM meetings are to be included.

Form:

Annual Chapter Progress Report

Chapter/Group Name: Mended Little Hearts of Indianapolis

Chapter/Group City:

Chapter/Group State (abbreviated form):

Select Region:

Pay attention to these instructions. Please respond to ALL questions. If there is nothing to report for a given question, please enter 0 (zero) in the appropriate field. Remember to include information from your satellite, if applicable. PLEASE ANSWER QUESTIONS IN NUMERICAL FORMAT.

Chapter Meetings (This year)

Total number of Chapter meetings held:

Of the total number of Chapter meetings held, how many were educational?

Board Meetings (This year)

Total number of Board meetings held:

Does your chapter have a Facebook page?

Yes

No

If Yes, how many followers?

Does your chapter have a Twitter page?

Yes

No

If Yes, how many followers?
If your chapter or group has one or more satellites, enter the hospital name the satellite is serving. You may add up to 6 satellites.

<table>
<thead>
<tr>
<th>Satellite Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satellite #1 – Facility/Hospital Served:</td>
</tr>
<tr>
<td>Satellite #1 Coordinator:</td>
</tr>
<tr>
<td>Satellite #1 Coordinator Email:</td>
</tr>
<tr>
<td>Satellite #1 Coordinator Phone:</td>
</tr>
<tr>
<td>Satellite #2 – Facility/Hospital Served:</td>
</tr>
<tr>
<td>Satellite #2 Coordinator:</td>
</tr>
<tr>
<td>Satellite #2 Coordinator Email:</td>
</tr>
<tr>
<td>Satellite #2 Coordinator Phone:</td>
</tr>
<tr>
<td>Satellite #3 – Facility/Hospital Served:</td>
</tr>
<tr>
<td>Satellite #3 Coordinator:</td>
</tr>
<tr>
<td>Satellite #3 Coordinator Email:</td>
</tr>
<tr>
<td>Satellite #3 Coordinator Phone:</td>
</tr>
<tr>
<td>Satellite #4 – Facility/Hospital Served:</td>
</tr>
<tr>
<td>Satellite #4 Coordinator:</td>
</tr>
<tr>
<td>Satellite #4 Coordinator Email:</td>
</tr>
<tr>
<td>Satellite #4 Coordinator Phone:</td>
</tr>
</tbody>
</table>

Add the first and last name of the chapter/group member who is the main contact at the satellite. Then add this person’s e-mail address and phone number.
PROGRESS ANNUAL REPORTS

When the satellite section is completed, enter the name and e-mail address.

Click the SUBMIT button when completed.
PROGRESS ANNUAL REPORTS

Questions Regarding
Progress Annual Reports
VISITING ANNUAL REPORTS

This Report is Required, not Optional

Corporate Donors require this information
VISITING ANNUAL REPORTS

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VISITING ANNUAL REPORTS

MH

Use 3 digits or Use part of name

MLH

Do not use #
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Your chapter number and chapter name will be displayed near the bottom of the screen.

Your group name will be displayed near the bottom of the screen.
VISITING ANNUAL REPORTS

Fill-in your City, 2-letter State, and then select your region.

Only enter “NEW” hospitals, clinics visited for the first time in 2021.

No need to enter hospitals previously entered on Visiting Annual Reports.

Chapter Annual Visiting Report

Chapter/Group Name

Chapter/Group City

Chapter/Group State (abbreviated form)

Select Region

Names and Addresses of Hospitals and Cardiology Offices You Work With NOT entered on Previous Years Annual Reports

Please list all the hospitals served (indicate hospital, clinic or other). Please fill out all address information, including the system that the hospital is a part of.

Hospital/Cardiology Office 1

Name of Hospital/Cardiology Office 1

Name of Hospital 1 System

Hospital 1 Street Address

Hospital 1 City

Hospital 1 State (Abbreviated)

Hospital 1 Services Provided

Hospital/Cardiology Office 2

Name of Hospital/Cardiology Office 2

Name of Hospital 2 System
VISITING ANNUAL REPORTS

Enter the items you gave as instructed in this section

<table>
<thead>
<tr>
<th>Hospital Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Educational Items given to patients, caregivers and/or families in the hospital (ex. MendedHeartGuide, MendedLittleHeartGuide Lite, MendedLittleHeartGuide postcards, GoToGuides, Discussion Guides, etc.). Even if the educational items are given as part of a Bravery Bag or other care package to patients and families, please count them separately: |
|-----------------|-----------------|
| Item 1          | Item 1 Quantity |
| Item 2          | Item 2 Quantity |
| Item 3          | Item 3 Quantity |
| Item 4          | Item 4 Quantity |
| Item 5          | Item 5 Quantity |
| Item 6          | Item 6 Quantity |

| Support Items given to patients, caregivers and/or families in the hospital (ex. Bravery Bags, Bravery Bag Lites, heart pillows, Courageous Heart Tokens, roses, Bravery Chests, etc.): |
|-----------------|-----------------|
| Item 1          | Item 1 Quantity |
| Item 2          | Item 2 Quantity |
| Item 3          | Item 3 Quantity |
| Item 4          | Item 4 Quantity |
| Item 5          | Item 5 Quantity |
| Item 6          | Item 6 Quantity |
VISITING ANNUAL REPORTS

Enter the items you gave as instructed in this section

<table>
<thead>
<tr>
<th>Bereavement Items (ex. Remember Our Hearts charms, necklaces, Angel Boxes, candle, etc.):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
</tr>
<tr>
<td>Item 2</td>
</tr>
<tr>
<td>Item 3</td>
</tr>
<tr>
<td>Item 4</td>
</tr>
<tr>
<td>Item 5</td>
</tr>
<tr>
<td>Item 6</td>
</tr>
</tbody>
</table>
Select either “Yes” or “No” at each question.

<table>
<thead>
<tr>
<th>Visiting Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Chapter has Satellites, please include Satellite visiting statistics together with Chapter statistics. Please answer questions using numbers only.</td>
</tr>
<tr>
<td><strong>Is your chapter/group doing in-person hospital visiting (waiting room visiting counts)</strong>?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td><strong>Is your chapter/group doing telephone and/or text visiting</strong>?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td><strong>Is your chapter/group doing email and/or online visiting (discussion boards, social media, etc.)</strong>?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td><strong>Is your chapter/group doing video chat visiting (Zoom, FaceTime, etc.)</strong>?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
<tr>
<td><strong>Is your chapter/group providing reaccreditation at least once a year and/or encouraging visitors to attend the one-hour reaccreditation</strong>?</td>
</tr>
<tr>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
</tr>
</tbody>
</table>
No need for TOTAL VISITS. Report automatically totals the numbers of all visits.

When the visits section is completed, enter the name and e-mail address.

Click the SUBMIT button when completed.
VISITING ANNUAL REPORTS

Questions Regarding Visiting Annual Reports
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- Same reports for MH and MLH
- Data on two of these reports required by Federal law
- Two months of bank statements required
- Sends approval mails to ARD’s, RD’s, and National
- Due date is Feb 15 (preferably before)
Questions & Answers

“It’s great to be alive – and to help others!”