

Fiscal Year July 1, 2008 through June 30, 2009

Region/Chapter Financial Information Form Group Return Form 990

Fiscal Year Ending June 30, 2009

Name of Region/Chapter Northeast Region Tax/EIN# 01-0626760

CASH BASIS - DO NOT INCLUDE RECEIVABLES AND PAYABLES

Assets, Liabilities & Net Worth	"Beginning of 1-Jul-08"	"End of Year" 30-Jun-09
Cash:		
Un-deposited Funds	<u>\$0.00</u>	<u>\$2,010.00</u>
Non-Interest Bearing Accounts	<u>\$604.08</u>	<u>\$3,182.37</u>
Interest Bearing Accounts (CD's, Money Market, etc.)	<u>\$0.00</u>	<u>\$0.00</u>
Total Cash	<u>\$604.08</u>	<u>\$5,192.37</u>
Other Assets:		
Furniture & Equipment	<u>\$0.00</u>	<u>\$0.00</u>
Inventory	<u>\$0.00</u>	<u>\$0.00</u>
Investments (Stocks and Bonds) (Attach Detail Schedule)	<u>\$0.00</u>	<u>\$0.00</u>
Other (Please describe) Description:		
(1) Total Assets:	<u>\$604.08</u>	<u>\$5,192.37</u>
Liabilities (Example: Outstanding Loan)		
1. _____	<u>\$0.00</u>	<u>\$0.00</u>
2. _____	<u>\$0.00</u>	<u>\$0.00</u>
(2) Total Liabilities:	<u>\$0.00</u>	<u>0</u>
(3) Net Worth (1 less 2):	<u>Y* \$604.08</u>	<u>\$5,192.37</u>
	(Column 1)	(Column 2)

(*) Beginning year amounts must match last years ending numbers.

Revenues and Expenses

REVENUES: Cash basis – Do Not Include Accounts Receivable

Contributions, Grants* (Donation from AIEF, Red Cross, etc.) \$0.00

Provide the following information for any contributions or grants received that were over \$5000.

Name	Address	Amount
N/A		

Membership Dues and Assessments	<u>\$2,272.00</u>
Interest	<u>\$0.00</u>
Dividends	<u>\$0.00</u>
Seminars and Meetings	<u>\$13,294.89</u>
Special Projects	<u>\$0.00</u>
Newsletter Subscriptions	<u>\$0.00</u>
Advertising Revenue	<u>\$0.00</u>
Other Revenues	<u>\$0.00</u>

(1) Total Revenue – A: \$15,566.89

EXPENSES: Cash Basis - Do Not Include Accounts Payable

Contributions, Grants* (Donation to AIEF, Red Cross, etc.)	<u>\$0.00</u>
Accounting Fees	<u>\$0.00</u>
Legal Fees	<u>\$0.00</u>
Printing and Postage	<u>\$0.00</u>
Supplies	<u>\$49.98</u>
Travel	<u>\$0.00</u>
Dues	<u>\$0.00</u>
Seminars and Meetings	<u>\$10,508.62</u>
Special Projects	<u>\$0.00</u>
Library	<u>\$0.00</u>
Other (Describe)	<u>\$420.00</u>

Constant Contact Monthly fee of \$35.00

(2) Total Expenses – B: \$10,978.60

*Please list the name to whom the taxable deductible contribution or grant was given, type of contribution (donation, scholarship, etc.), address, dollar amount, whether or not they are a member (M) or a non-member (NM), and charity status (example 501(c)(3), etc). These items should not include board, member, speaker gifts, awards, etc.

Name of Recipient	Type of Contribution	Address	Amount	Member or Non-Member	Charity Status

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(3) Net Revenue (line 1 less line 2)* C = (A - B) \$4,588.29 C

(4) Net Worth
(From page 2 line
3)

"End of Year" - X \$5,192.37 X
"Beginning of Year" - Y \$604.08 Y
Change \$4,588.29 C

Line 3 - Line 4 = \$0.00

*Net Revenue for the year (line 3 above) must agree with the change in Net Worth in line #4

Prepared By: Cindi LeMay

Region/Chapter
Title: Northeast Region Treasurer / Coordinator

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E-mail: clemay@pepehazard.com

Signature: _____

Date: Jul 16, 2009

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GROUP RETURN AUTHORIZATION

The Northeast Region/Chapter Representative of

Association of Records Managers and Administrators, Inc. authorizes the Association of Records Managers and Administrators, Inc. (ARMA HQ) to include this Region/Chapter in the group information return, FORM 990, if eligible for such inclusion.

Under penalty of perjury. I declare that this authorization and the information submitted to be included in the group return are, to the best of my knowledge and belief, true, correct, and complete.

Title: ARMA Northeast Region Treasurer

Name: Cindi LeMay

Address: 51 Pleasant Street

Signature: _____

Date: Jul 16, 2009