

**ANNUAL REPORT TEMPLATE**

**REQUIREMENTS**

Microsoft Word & Excel

**FONTS**

This template uses Georgia and Arial. If you want to change any of the fonts, please change them in the style sheet to guarantee consistency. Whatever fonts you decide to use, limit the amount. Remember, less is more.

**GUIDELINES**

Here are a few guidelines when working on your report:

**DO NOT** have artwork bleed off the page. You must have a 0.25 in margin around your page in order for it to print properly.

**DO NOT** clutter it with too much text/too many photos. Think of simple statements and bullet lists in order to get your point across.

**USING THE FILE**

Double-click the file to create a new brochure.

The document is a template file. When opening

the document, it will automatically open an untitled document (this is to prevent the user from saving over the template file).

Always create a new report from the template file, never start from scratch.

**PRINTING**

For better printing results, never print your final brochure directly from the Microsoft Word document. Instead, ex- port a PDF and print from the PDF.

If you are sending this brochure to get printed at an outside printer (Kinkos, Office Depot, etc), never send them your Microsoft Word file. Always send them a PDF.

**2019**



AT LEAST A 0.25IN MARGIN AROUND WHOLE PAGE (NOTHING CAN BLEED)

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**YOUR LOGO**

COVER

Community Benefit Report



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SIDEBAR/HEADING

MAIN HEADING

Placeholder for executive staff list.

*Our Mission*

BODY TEXT

**BOARD MEMBERS**

SIDEBAR/BODY

Our *Vision*

Placeholder for District's vision sta tement.

SUBHEAD

Placeholder for District's goals.

Our *Values*

Placeholder for Distric t's valu es.

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**SAMPLE STOCK PHOTOGRAPHY**

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PLACEHOLDER

FOR

DI ST RI C T ' S NAME & REPORT TITLE

*Our Goals*

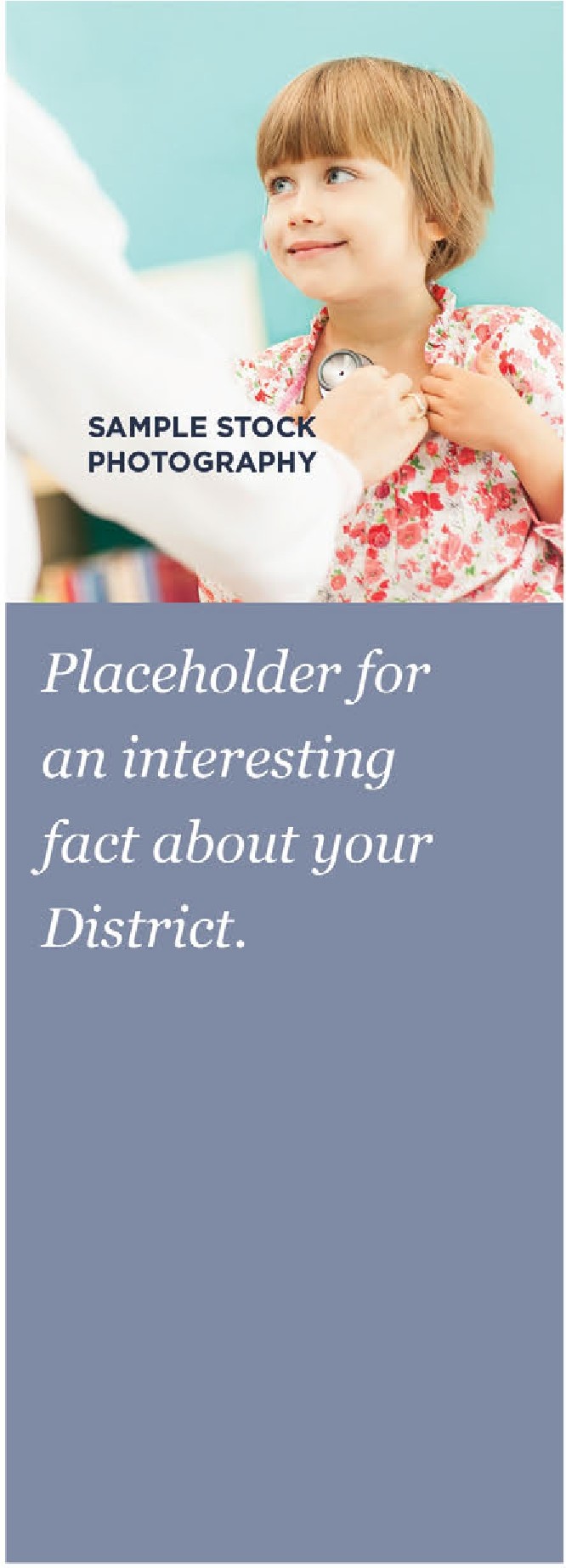
Placeholder for board member list.

In clud e your Distri ct's miss ion, which shoulcl clearly detail you r District's value, the com mu niti es it serves and any applicable milestones th at demonstrate succ ess . The following is a cust omizable exam ple.

Founded in [year], the [name of dis trict] provides [key services] to residents of [applicable cities or counties]. Its mission is to [describe mission, i.e. - provide quality and affordable family health care]. Since [name of key facility] opened in [date, if different from previously mentioned date], it has served more than [patient number] of all ages.

**EXECUTIVE STAFF**

**Mission, Vision, Values**



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**About [Healthcare District]**

[Text below is placeholder]

Use you r annu al report as an opportu nit y to e<luca te peop le about the services offere d locally, as well as what a Healthca re Dist rict is in general. Refere ncing th e his t oryof you r Healthcare Dist rict hel ps reinforce that it is deeply rooted in th e communi ty. Also, make s ur e t o in clu de how the Dist rict has advanced to

provide relevant and nee ded se rvices to its com m u nit y today.

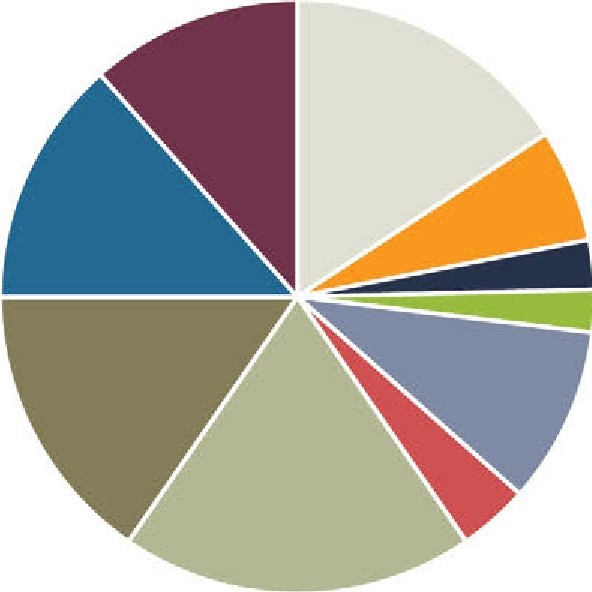
PULLQUOTE

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PLACEHOLDER

FOR

DI ST RI C T ' S NAME & REPORT TITLE



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**Financial Summary**

[Text below is placeholder]

Provide an overview of the Healthcare District's finances. If your District operates with local tax funds, you might choose to highlight the community's return on invest ment or other funding components that reinforce that your

District is using mon etary resources efficiently to maximize offerings.

[Gra phs & numbers below are placeholder]

TABLE/HEADING

TABLE/BODY

TABLE/SUBHEAD

16% GRANTS

* 6% SPONSORSHIPS
* 3% PREVENT IVE PROGRAMS
* 2% EDUCATIONAL PROGRAMS
* 10% CLINICAL SERVICES
* 4% SUBS IDIZED HEALTH SERVICES
* 19% HEALTH EDUCATION
* 15% GOVERNMENT-SPONSORED HEA LTH CARE
* 13% TRAD ITIONAL CHARITY CARE
* 12% SUBSID IZED HEALTH SERVICES

Cons ide r utilizing a pie chart or graph to represent how your Distri ct' s dollars/ revenu e is spent or utilized. District spending categories could include grants, sponsorsh i ps, preventive and educational programs or clini ca l se rvices . If your District operates a hospital, additional budget categories could include

subsidized health services, health education, government-sponsored health

care, traditional charity care, subsidized health services.

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PLACEHOLDER

FOR

DI ST RI C T ' S NAME & REPORT TITLE

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**2010**

**2011**

**2012**

**2013**

REVENUE EXPENSES NET ASSETS



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**YOUR LOGO**

REPORT TITLE

CONTACT INFO

URL

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[Text below is plaeeho\Jer]

12345 Street Name City Name, CA 12375

**P:** (555) 123-4567

**F:** (555) 123-4567

**[Report Title]**