



MEMORANDUM

Date: August 10, 2020
To: Chapter and Affiliate President/Treasurer
From: Jan Gustafson-Corea, CEO
Joshua Jauregui, Administrative Systems/Membership Relations Manager
Re: Chapter/Affiliate Rebates: Annual Financial Requirements
Fiscal Year: July 1, 2019 to June 30, 2020

Due Date: Thursday, October 1, 2020

Greetings from CABE! We hope this message finds you healthy and safe and getting ready for the new school year! This year has been unlike any other – and while we are all affected by the COVID-19 pandemic, we remain committed to our vision of *biliteracy, multicultural competency and educational equity for all*. We recognize more than ever the importance of our chapters, affiliates and members that we serve across the state, and we are happy that we can move forward with rebates this year. **We are #CABEStrong!**

To qualify for your chapter or affiliate rebate we will need your year-end reports and other requirements as listed below. Reminder: Chapters receive a 20% rebate and Affiliates receive a 10% rebate of paid membership in the respective chapters or affiliates. Please read the information carefully and contact us if you have any questions. These forms are able to be completed or downloaded from our website: <http://www.gocabe.org/index.php/chapters/>

•REQUIREMENT #1 – FISCAL YEAR-END STATUS

Our auditors, for tax purposes, require that each CABE Chapter and Affiliate submit an Annual Financial Report for the Fiscal year of July 1, 2019 to June 30, 2020. The Chapter and Affiliate Financial Report form is below.

•REQUIREMENT #2 – ANNUAL SCHOLARSHIP REIMBURSEMENT

Chapters and Affiliates are also required to submit scholarship information annually to CABE to be compliant with current tax laws for non-profit organizations.

•REQUIREMENT #3 – OFFICER UPDATE FORM

Please complete the form in this packet with your updated officers. Please note that during the year, Chapters and Affiliates are asked to submit officer contact information anytime there is a change of officers for CABE to be able to contact chapter or affiliate officers on a continual basis.

Please download and submit the completed forms for each requirement listed above as a part of the Fiscal Year Report (July 1, 2019 to June 30, 2020) **no later than Thursday, October 1, 2020.** All completed reports submitted by October 1, 2020 will qualify for the Chapter/Affiliate Rebate.



Email completed forms to evelyn@gocabe.org (preferred). You may also submit forms via US Mail to: CABE, 20888 Amar Road, Walnut, CA 91789. Please note that the CABE office continues to work remotely, so mailing them to the office may delay the process. If you have any further questions, please feel free to contact Evelyn Briseño at (626) 814-4441 or via email at evelyn@gocabe.org.

We appreciate your timely completion of these forms and look forward to continuing our collaboration and partnership this coming year. More than ever, we thank you for being part of our CABE family!



**CHAPTER AND AFFILIATE ANNUAL FINANCIAL REPORT
FISCAL YEAR 2019-2020**

Chapter or Affiliate Name & Number: _____

Submitted By: _____

Signature: _____
(Your signature indicates that this fiscal information correctly reflects the financial status of the chapter or affiliate)

Cell Phone: _____ Work or Alt Phone: _____

E-mail: _____

CHAPTER OR AFFILIATE ASSETS

Please list the chapter or affiliate bank name, bank account(s) and bank balance as of June 30, 2020.

A copy of each bank statement showing the date June 30, 2020 with account(s) balances must be included.

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____

Other Assets: *(describe fully: additional sheets may be attached if necessary)*

- 1. _____ \$ _____
- Total Assets** \$ _____

CHAPTER REVENUE

Please list the gross fundraising revenue for each activity for fiscal year July 1, 2019-June 30, 2020.

- 1. _____ \$ _____
 - 2. _____ \$ _____
- Other Income *(describe fully: additional sheets may be attached if necessary)*

- 1. _____ \$ _____
- 2. _____ \$ _____

List income from CABE *(Rebates/Scholarship Reimbursement)*

- 1. _____ \$ _____
- Total Revenue** \$ _____



SCHOLARSHIP INFORMATION FORM 2019-2020

Chapter or Affiliate Name/No. _____ Submitted by _____

1. Did your chapter/affiliate give a scholarship award(s) to your chapter's student members during this fiscal year? Yes _____ No _____
*If yes, what was the **total** amount of the award(s) given during this period?* \$ _____

2. Has your chapter or affiliate requested CABE Headquarters to process your chapter's scholarship award reimbursement? Yes _____ No _____
Note: The maximum scholarship reimbursement amount for each chapter/affiliate is \$500. (Request for scholarship reimbursement after the deadline date will not be processed due to the restrictions of available funds allocated in the annual budget).

3. Name of the Scholarship(s) _____

4. Date Award(s) was given _____

5. Location of Award site _____

6. Please describe how the award money is processed. Please indicate if the award is given directly to the recipient by your chapter. Is there a school/community scholarship organization?

7. Please list the name of the recipients, name of the school and amount of each scholarship.

Student Name	Name of the School	Name of School District	Amount

8. Please attach school attendance verification, *IF* attendance is verified by your chapter/affiliate. If not, please describe the procedure used for school attendance verification:

9. Please attach student biographies. School Scholarship essays may be used. Please email completed forms to evelyn@gocabe.org or you may submit them to: CABE, 20888 Amar Road, Walnut, CA 91789.



CHAPTER AND AFFILIATE OFFICER UPDATE

Chapter/Affiliate Name	Number	Region

President:	Member ID#:
Street Address:	City: Zip:
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

Vice-President:	Member ID#:
Street Address:	City: Zip:
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

Treasurer:	Member ID#:
Street Address:	City: Zip:
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

Secretary:	Member ID#:
Street Address:	City: Zip:
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

Member:	Member ID#:
Street Address:	City: Zip:
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

Prepared by: _____ Date: _____