California Association for Bilingual Education

MEMORANDUM

Date: May 20, 2016
To: Chapter and Affiliate President/Treasurer
From: Jan Gustafson-Corea, CEO
Re: Annual Financial Requirements – Fiscal Year Report (July 1, 2015 to June 30, 2016)
Due Date: Friday, September 9, 2016

Greetings from CABE! It's that time of year again! Time to begin your preparations to turn in your year-end reports in order to qualify for your chapter or affiliate rebate. Reminder: Chapters receive a 20% rebate and Affiliates receive a 10% rebate. There are three requirements that need to be fulfilled at the end of each fiscal year--#1) Fiscal Year Status; #2) Annual Scholarship Reimbursement; and, #3) Office Update. Please read the information carefully and contact the CABE office if you have any questions. These forms can also 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, 2015 to June 30, 2016. The Chapter and Affiliate Financial Report form is below.

REQUIREMENT #2 – ANNUAL SCHOLARSHIP REIMBURSEMENT

Chapters and Affiliates are also required to submit scholarship information annual in order for CABE to be in compliance with current tax laws for non-profit organizations

REQUIREMENT #3 – OFFICER UPDATE FORM

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

Please submit the completed forms for each requirement listed above as a part of the Fiscal Year Report (July 1, 2015 to June 30, 2016) **no later than Friday, September 9, 2016.**

Please email completed forms to irma@bilingualeducation.org. You may submit forms to: CABE, 16033 E. San Bernardino Rd., Covina, CA 91722. If you have any further questions, please feel free to contact Irma Gallegos at phone (626) 814-4441 ext. 203.

We appreciate your timely completion of these forms. We look forward to continuing our collaboration and partnership in this coming year! Thank you for being part of our CABE family!

California Association for Bilingual Education

CHAPTER AND AFFILIATE ANNUAL FINANCIAL REPORT
FISCAL YEAR 2015-2016

Chapter or Affiliate Name & No: _____

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: _____

Email: _____

CHAPTER OR AFFILIATE ASSETS

Please list the chapter or affiliate bank name, bank account(s) and bank balance as of June 30, 2016.

A copy of each bank statement showing the date June 30, 2016 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, 2015-June 30, 2016.

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 **$** _____

California Association for Bilingual Education

CHAPTER AND AFFILIATE ANNUAL FINANCIAL REPORT
FISCAL YEAR 2015-2016

CHAPTER / AFFILIATE EXPENSES

Please list all expenditures from July 1, 2015 to June 30, 2016.

Check #	Check Date	Reason for Expense	Check Amount
		TOTAL EXPENSES	$
		CHAPTER OF AFFILIATE'S NET PROFIT/(LOSS) FOR FY 2015-2016 **(Subtract Total Expenses from Total Revenue)**	$

NOTE: For your convenience, you may also copy your Chapter's or Affiliate's checkbook register showing all expenditures for the year and include this worksheet.

California Association for Bilingual Education

SCHOLARSHIP INFORMATION FORM 2015-2016

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 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 irma@bilingualeducation.org. You may submit forms to: CABE, 16033 E. San Bernardino Rd., Covina, CA 91722.

California Association for Bilingual Education

CHAPTER AND AFFILIATE OFFICER UPDATE

Chapter/Affiliate Name	**Number**	**Region**

President:	**Member ID#:**
Street Address:	City: Zip:
Home Tel #:	Work Tel #:
Home Fax #:	Work Fax #:
Home Email:	Work Email:

Vice-President:	**Member ID#:**
Street Address:	City: Zip:
Home Tel #**:**	Work Tel #:
Home Fax #**:**	Work Fax #:
Home Email**:**	Work Email:

Treasurer:	**Member ID#**
Street Address:	City Zip
Home Tel #	Work Tel #
Home Fax #	Work Fax #
Home Email	Work Email

Secretary:	**Member ID#**
Street Address:	City Zip
Home Tel #	Work Tel #
Home Fax #	Work Fax #
Home Email	Work Email

Member:	**Member ID#**
Street Address:	City Zip
Home Tel #	Work Tel #
Home Fax #	Work Fax #
Home Email	Work Email

Prepared by: _____ Date: _____