



MEMORANDUM

Date: July 11, 2017
To: Chapter and Affiliate President/Treasurer
From: Jan Gustafson-Corea, CEO
Re: Annual Financial Requirements – Fiscal Year Report (July 1, 2016 to June 30, 2017)
Due Date: Friday, September 8, 2017

Greetings from CABE! It's that time of year again! Time to begin your preparations to turn in your year-end reports to qualify for your chapter or affiliate rebate. Reminder: Chapters receive a 20% rebate and Affiliates receive a 10% rebate of paid membership. There are three required documents that need to be completed at the end of each fiscal year--#1) Fiscal Year-End Status; #2) Annual Scholarship Reimbursement; and, #3) Officer Update Form. Please read the information carefully and contact the CABE office if you have any questions. These forms can also be 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, 2016 to June 30, 2017. 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 submit the completed forms for each requirement listed above as a part of the Fiscal Year Report (July 1, 2016 to June 30, 2017) **no later than Friday, September 8, 2017.**

Please email completed forms to roxanna@bilingualeducation.org. You may also submit forms to: CABE, 16033 E. San Bernardino Rd., Covina, CA 91722. If you have any further questions, please feel free to contact Roxanna Espinoza at phone (626) 814-4441 ext. 204.

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!



**CHAPTER AND AFFILIATE ANNUAL FINANCIAL REPORT
FISCAL YEAR 2016-2017**

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, 2017.

A copy of each bank statement showing the date June 30, 2017 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, 2016-June 30, 2017.

- 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 2016-2017

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



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: _____