

Chartered Affiliates Financial Reporting Checklist

Instructions:

Chartered Affiliates must complete this report triennially and submit it to the Chartered Affiliates Committee no later than June 1 of their reporting year. The Chartered Affiliates Committee will review this document for compliance with Policy HD016. The affiliate president and either an independent CPA, auditor, accountant, or Treasurer of another Chartered Affiliate must attest that the requirements of each category are completed. Please check the box next to each item indicating it has been completed.

Affiliate Budget & Audit Committee Review

<input type="checkbox"/>	Annual affiliate audit committee or executive committee report approved by the board.
<input type="checkbox"/>	Annual affiliate budget approved by board.

Not-for-Profit Status: (See policy for definitions.)

<input type="checkbox"/>	Not-for-profit status submitted to state department of treasury.
<input type="checkbox"/>	Federal not-for-profit status submitted to IRS. Must include employer identification, type of not-for-profit status - 501(c)(3) or 501 (c)(6), and annual Form 990 or 990-EZ filing submitted as required.

Bonding by Affiliate Account Signatories: (Treasurer and another signatory bonding required)

<input type="checkbox"/>	Treasurer bonding.
<input type="checkbox"/>	Executive office staff bonding (if applicable).
<input type="checkbox"/>	President bonding (if applicable).
<input type="checkbox"/>	List additional officers who are bonded:

Financial Monitoring: (One must be completed triennially. Review HD016 Policy for certain requirements.)

<input type="checkbox"/>	Financial audit completed by an independent Certified Public Accountant (CPA) or independent auditor. Date of last audit:
<input type="checkbox"/>	Financial review completed by an independent CPA, independent auditor, accountant, or Treasurer of another Chartered Affiliate Date of last review:
<input type="checkbox"/>	Financial compilation completed by an independent CPA, independent auditor, accountant, or Treasurer of another Chartered Affiliate Date of compilation:

Affiliate President:
(Print) _____

Signature: _____

Date: _____

Contact Info:
(Phone or Email) _____

**Name of Independent CPA, Auditor, Accountant, or
Treasurer of Another Chartered Affiliate:**
(Print) _____

Signature: _____

Date: _____

Contact Info:
(Phone or email) _____