

# MEMORANDUM

**Date:** August 7, 2023

**To:** Chapter and Affiliate President/Treasurer

**From:** Dr. Edgar Lampkin, CEO  
Joshua Jauregui, Director of Administrative Systems  
Evelyn Briseño, Membership Coordinator

**Re:** Chapter/Affiliate Rebates: Annual Financial Requirements  
Fiscal Year: July 1, 2022 to June 30, 2023

**Due Date:** Friday, October 13, 2023

---

Greetings from CABE! We hope this message finds you refreshed and renewed and getting ready for the 2023-2024 school year. As you continue to serve our students and families, CABE remains committed to our vision of *biliteracy, multicultural competency and educational equity for ALL*. We recognize more than ever the importance of “Strength in Unity” with our chapters, affiliates, and members that we serve across the state. We are happy to have the opportunity to issue Chapter and Affiliate Rebates this year.

To qualify for your chapter or affiliate rebate you will need to submit a year-end report 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 below carefully and contact us if you have any questions.

### •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, 2022 to June 30, 2023. 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, 2022 to June 30, 2023) **no later than Friday, October 13, 2023**. All completed reports submitted by October 13, 2023 will qualify for the Chapter/Affiliate Rebate.



Email completed forms to [evelyn@gocabe.org](mailto:evelyn@gocabe.org) (preferred). You may also submit forms via US Mail to: CABE, 20888 Amar Road, Walnut, CA 91789. If you have any further questions, please feel free to contact Evelyn Briseño at (626) 814-4441 or via email at [evelyn@gocabe.org](mailto:evelyn@gocabe.org).

We appreciate your chapter being active in your area. Your timely completion of these forms help us meet state and federal guidelines. Our collaboration and partnership will continue to be “CABE Strong” this coming year. We thank you for being part of our CABE family!



**CHAPTER AND AFFILIATE ANNUAL FINANCIAL REPORT  
FISCAL YEAR 2022-2023**

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, 2023.

A copy of each bank statement showing the date June 30, 2023 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, 2022-June 30, 2023.

- 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** \$ \_\_\_\_\_



**CHAPTER AND AFFILIATE ANNUAL FINANCIAL REPORT  
FISCAL YEAR 2022-2023**

**CHAPTER / AFFILIATE EXPENSES**

Please list all expenditures from July 1, 2022 to June 30, 2023.

Check #	Check Date	Reason for Expense	Check Amount
<b>TOTAL EXPENSES</b>			\$
<b>CHAPTER OF AFFILIATE'S NET PROFIT/(LOSS) FOR FY 2022-2023</b> (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.**



## SCHOLARSHIP INFORMATION FORM 2022-2023

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](mailto: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

<b>President:</b>	<b>Member ID#:</b>
Street Address:	City: <span style="float: right;">Zip:</span>
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

<b>Vice-President:</b>	<b>Member ID#:</b>
Street Address:	City: <span style="float: right;">Zip:</span>
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

<b>Treasurer:</b>	<b>Member ID#:</b>
Street Address:	City: <span style="float: right;">Zip:</span>
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

<b>Secretary:</b>	<b>Member ID#:</b>
Street Address:	City: <span style="float: right;">Zip:</span>
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

<b>Member:</b>	<b>Member ID#:</b>
Street Address:	City: <span style="float: right;">Zip:</span>
Home/Cell Tel #:	Work Tel #:
Home Email:	Work Email:

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Submit by October 13, 2023 Thank you!