



Annual Chapter Audit Checklist for the Year Ended June 30, 2015	Yes/No*
Name of Chapter:	
1. Were interim chapter financial statements/reports submitted to chapter executive assembly on a periodic basis during the year under audit?	
2. Was the financial statement for the year under audit completed and submitted to chapter executive assembly and submitted to the National Office?	
3. Are signature cards and other authorizing documents current?	
4. Have bank reconciliation been completed through the most recent bank statement received?	
5. Are bank reconciliation conducted/reviewed by someone not having signature authority on the account(s) at least quarterly?	
6. Are all checks/withdrawals/transfers documented as to purpose and payee/destination of funds?	
7. Are all deposits supported by documentation showing source of revenue (number of meeting attendees, NES reports, etc.)?	
8. Are moneys collected by a different person than the person making the deposit?	
9. Are other business income, such as advertising on newsletters and web sites, accurately reported on the chapter financial statements?	
10. Are all chapter financial accounts and instruments identified and financial data incorporated in the financial report?	
<p>If your Chapter Financial Report is submitted by the 7/31/2015 deadline, you will be included in the NCMA group return and will not be required to file a 990EZ or 990N with the IRS.</p> <p>If you have NOT met this deadline what arrangements are you making to file the appropriate form with the IRS? Please provide explanation on separate sheet.</p>	
<p>* For any "No" answers , provide an explanation of the issue and how it is being dealt with. If additional space is needed, continue on a separate sheet.</p>	

I certify that I am not an officer of _____ Chapter, nor am I involved with chapter finances for the accounting period ended June 30, 2015. I have verified the supporting information for the above questions, and I certify that my responses are complete and accurate.

Name

Member #

Chapter Tax ID #

Date

I confirm that _____ was requested by the chapter officers to complete this Annual Chapter Audit Checklist and that the completed checklist has been provided to chapter **executive assembly**.

Name

Signature

Chapter President
(For the Year Ended June 30, 2015)